

STATE OF INDIANA

# Child Care and Development Fund Voucher Program

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## Policy and Procedure Manual

The Office of Early Childhood and Out of School Learning  
Family and Social Service Administration

Effective September 28, 2014



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## **CCDF MANUAL KEY**

### ***DEFINITIONS***

*All definitions pertaining to the CCDF Voucher Program can be found in Section Definitions and Acronyms, as well as, within the manual text boxed in this format.*



### **X.X CCDF POLICY**

*All CCDF Policies are marked with by the image to the left and numbered for reference purposes.*

# **CHILD CARE AND DEVELOPMENT FUND (CCDF) POLICY AND PROCEDURE MANUAL**

## **INTRODUCTION**

### **PURPOSE OF THIS MANUAL**

The purpose of this manual is to provide Intake Agents with policies, procedures and guidelines to follow as they facilitate eligibility and authorization services to prospective CCDF Households.

### **CCDF INTRODUCTION**

The Child Care and Development Fund (CCDF) was authorized by Congress through the U. S. Department of Health and Human Services, by amending the Child Care and Development Block Grant regulations at 45 CFR Part 98. Section 103 (c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) repealed the child care programs authorized under Title IV-A of the Social Security Act – Aid to Families with Dependent Children (AFDC) Child Care, Transitional Child Care, and At-Risk Child Care. In addition, PRWORA amended Section 418 of the Social Security Act to provide new federal child care funds and to transfer them to a “Lead Agency” under the amended Child Care and Development Block Grant Act.

In Indiana, the lead agency for the CCDF funding is the Family and Social Services Administration (FSSA), The Office of Early Childhood and Out of School Learning (The Office), formerly the Bureau of Child Care (BCC).

The Office develops and implements policies and procedures for the administration of the grant funds. The CCDF State Plan outlines parameters for both local and state levels and includes program outcomes, systems development, and eligibility requirements.

## CCDF GOALS AND PURPOSES

CCDF direct service dollars are to provide financial assistance to eligible TANF and low-income families in need of child care. Parents can choose from available licensed or legally license-exempt child care. Types of care might include: center-based care, school-age care, in-home care, relative care, and sectarian child care. All child care providers must meet applicable federal, state and local requirements including CCDF Provider Eligibility Standards.

Section 98.1 of the CCDF Final Rules outlines the goals and purposes of the fund, as follows:

### THE GOALS ARE TO:

- ❖ allow the state maximum flexibility in developing child care programs and policies to best suit the needs of the children and parents within the state;
- ❖ promote parental choice to empower working parents to make their own decisions on the child care that best suits their family's needs;
- ❖ provide consumer education information to assist parents in making informed child care choices;
- ❖ assist parents with child care who are trying to achieve independence from public assistance; and
- ❖ assist in implementing the health, safety, licensing, and registration standards established by state regulations.

### THE PURPOSES ARE TO:

- ❖ increase the availability, affordability, and quality of child care services;
- ❖ provide low income families with the financial resources to locate and afford quality child care for their children;
- ❖ enhance the quality and increase the supply of child care for all families, including those who receive no direct assistance under the CCDF;
- ❖ provide parents with a range of options in addressing their child care needs;
- ❖ strengthen the role of the family;
- ❖ improve the quality of, and coordination among, child care programs and early childhood development programs; and
- ❖ increase the availability of early childhood development and before- and after- school-age care.

## RESTRICTION OF FUNDS

**CCDF Direct Service Funds** cannot be used for:

1. The non-federal share (match) for other Federal grant programs;
2. The purchase or improvement of land, or for the purchase, construction, or permanent improvement of any building or facility;
3. Grants or contracts reimbursement for any sectarian purpose or activity, including sectarian worship or instruction;
4. Supplementing program support;
5. Supplementing quality initiatives; and
6. *Tuition.* Funds may not be expended for students enrolled in grades one through twelve for:
  - a) Any service provided to such students during the regular school day;
  - b) Any service for which such students receive academic credit toward graduation; or
  - c) Any instructional services that supplant or duplicate the academic program of any public or private school.



## **INTAKE PLANNING PROCESS**

To maximize CCDF benefits to families, the Intake should coordinate and collaborate with local community partners, including but not limited to, the Local Office of the Division of Family Resources (DFR), the local IMPACT Service Provider, child care providers, public schools, Head Start, Early Head Start, Healthy Families, other early intervention programs for infants and toddlers, county health departments, WIC programs, maternal and child health programs, and mental health centers. To ensure coordination and communication, the Intake Agent must enter into a Memorandum of Understanding with all of the following groups:

1. The CCRR for each county receiving services within a region describing services offered to: families seeking providers, providers seeking consumer and educational materials and opportunities; and
2. There may be a need for additional MOU's between the Intake Agent and other service providers.

These MOU's are to be updated when community partners change. The original MOU should be kept locally with a copy sent to the county CCDF Policy Consultant.

The state contracts the administration of CCDF eligibility to a local Intake Agent. Selection of the Intake Agent encompasses a public RFF process. The selected Intake Agency is supported through Web-Based Eligibility Software which operates according to CCDF policy and procedures.

## CCDF CHILD CARE SYSTEM

### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Issues federal regulations and collects data*

### INDIANA FAMILY AND SOCIAL SERVICE ADMINISTRATION

*Lead agency for CCDF administration*

### OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING (The Office)

*Issues program policies & procedures, as well as, monitors contracts, and collects data.  
Develops and evaluates the CCDF State Plan and is accountable for administration of funds.  
Assists, inspects and licenses or registers regulated child care providers.*

### CENTRAL REIMBURSEMENT OFFICE (CRO)

*Administers funds according to state and federal guidelines  
Pays provider claims*

### CCDF COUNTY PARTNERS

#### CCRR

*Assists parents in finding child care, recruits and trains child care providers.*

#### INTAKE AGENT

*Contracts with State to enroll families in accordance with state and federal regulations*

#### LOCAL DFR & IMPACT Service Provider

*Directs TANF referrals to Intake Agent, participates in the evaluation of county services*

#### PROVIDER ELIGIBILITY SPECIALIST

*Assists, inspects, and certifies legally-license exempt childcare providers as CCDF eligible*

### FAMILIES

*Low-income families are assisted with child care expenses, benefits from services such as Child Care Resource and Referral (CCRR), and education opportunities*

### PROVIDERS

*Legally operating and certified to meet minimum health and safety standards  
Provide quality child care to families*

# **DEFINITIONS & ACRONYMS**

## **SECTION 1**

## **DEFINITIONS**

### **ACCREDITATION**

A voluntary system which evaluates child care programs against specific criteria in areas of curriculum, health and safety, parent communication, and staff qualifications which has been validated by a nationally recognized early childhood organization or institution.

### **ACSI ACCREDITATION**

A voluntary, nationally recognized accreditation system for child care programs. It is authorized and validated by the American Christ Schools International (ACSI).

### **ACTIVE APPLICANT**

An Active Applicant is an Applicant whose Eligible Child is currently authorized for CCDF subsidy.

### **ADULT**

An individual who is age 18 or older.

### **ADVERSE ACTION**

Adverse action is an action toward an Applicant or Co-Applicant that includes denial of services, the potential termination of services, increase in co-pay or reduction in services. CCDF Applicant/ Co-Applicant and CCDF Eligible Providers must be notified at least ten (10) calendar days before an Adverse Action can be imposed.

### **AGE CATEGORY**

A category by age; infants (0-11 months), toddlers (12-35 months), three years through five years, kindergarten, and school-age.

### **AGREEMENT CENTER**

A designated child care facility who has entered into an agreement with the Indiana Family and Social Service Administration, Office of Early Childhood and Out of School Learning to administer quality child care for low income families under the Child Care and Development Fund.

### **AMERICORPS**

AmeriCorps is a federally funded network of partnerships with local and national non-profit groups which utilize public service to address critical needs in the community.

### **APPEAL**

The right to request a hearing or administrative review as a result of an adverse action.

### **APPLICANT / CO-APPLICANT**

A person who is applying for services on behalf of the child(ren) for which they have physical custody. The Applicant must be a person related to the eligible child by blood or law, or is a person standing *in loco parentis* (in the place of a parent). The Applicant must be age eighteen (18) unless the Applicant is married, an emancipated minor, or a minor parent.

### **APPLICANT JOB SEARCH (AJS)**

The participation of a TANF applicant in required job search activities until their TANF Impact eligibility case has been authorized.

**APPLICATION COMPLETION DATE**

The date the application authorization is complete and the Intake Agent has signed and dated the application (State Form 805).

**APPROVED LEAVE**

An approved temporary lapse in service need, during which child care is not needed yet eligibility is maintained.

**ATTENDANCE**

An electronic or written record of child care provided which includes date and time of arrival and departure and has been verified by the Applicant, Co-Applicant or their representative (excluding their child care provider) for an identified period.

**ATTENDING EDUCATIONAL/TRAINING PROGRAM**

One is "attending" an educational or training program when participation occurs inside or outside of the home through an accredited or certified post-secondary training organization or institution. One may also be "attending" an educational program when participation occurs outside of the home through an accredited or certified secondary training organization or institution.

**AUTHORIZATION**

Authorization is the process by which subsidy is determined for a CCDF Eligible Provider after information is obtained to document a CCDF Household's eligibility.

**AUTHORIZATION CATEGORIES**

The method used to apply fees: hourly, daily, or full-time weekly

**BREAK CARE VOUCHER**

A document which states the authorized subsidy for school-age child care services for a specific eligible child during a break in school which is greater than one week, including: CCDF eligible provider, begin date, end date, and dollar amount. Multiple vouchers within a subsidy begin and subsidy end date may be created to facilitate flexibility.

**CCDF ELIGIBLE PROVIDER**

CCDF Eligible Provider is defined as a provider, either licensed or exempt from being licensed by law, who has met all applicable CCDF Provider Eligibility Standards and has completed the application process. This includes: licensed centers, facilities and homes, unlicensed registered day care ministries, legally license-exempt child care facilities and homes, relative care (grandparent, great grandparent, aunt and/or uncle of the eligible child), and in-home care not provided by the child's parent, step-parent, guardian or other in loco parentis.

**CCDF HOUSEHOLD (FAMILY)**

A CCDF Household is one or more custodial adults and children related by blood or law, or other person standing in loco parentis, residing in the same CCDF Household. Where custodial adults over the age of 18 (other than spouses or biological parents of the children needing services) reside together, each is considered a separate CCDF Household. Wards of the Local Office of the Department of Child Services (DCS), foster children on Title IV-E, are the legal responsibility of DCS and not the CCDF Household which the child has been placed. Note: A marriage between persons of the same gender is recognized in Indiana, therefore, persons of the same gender are considered Applicant and Co-Applicant.

**CCDF REIMBURSEMENT RATES**

CCDF Reimbursement Rates are county maximum reimbursement rates for child care by age category and provider type determined through a local CCDF Reimbursement Rate Survey of Indiana's licensed child care providers.

**CENTRAL REIMBURSEMENT OFFICE (CRO)**

An entity which validates and processes claims from CCDF Eligible Providers.

**CHECK-IN / CHECK –OUT**

The term to describe the process of electronically documenting a child's attendance through the use of a Point of Service (POS) device located at the child care.

**CHILD**

An individual who is under the age of eighteen (18).

**CHILD CARE AND DEVELOPMENT FUND (CCDF)**

The CCDF program was authorized by Congress through the U. S. Department of Health and Human Services to amend the Child Care and Development Block Grant. The purpose of the CCDF program is to have one single, integrated child care funding system to assist low-income families through subsidized child care and to increase the availability and quality of child care services.

**CHILD CARE RESOURCE AND REFERRAL (CCRR)**

The Child Care Resource and Referral (CCRR) is an agency serving each Indiana county to help families make decisions about quality child care for their children. CCRR agencies also offer various training opportunities and other business and child care resources to providers.

**CHILD CARE SUBSIDY**

Child care subsidy is defined as the maximum child care reimbursement less applicable co-pay.

**CHILD DEVELOPMENT ASSOCIATE CREDENTIAL (CDA)**

A competency-based certification for individual child care providers awarded through the Council of Early Childhood Professional Recognition.

**CHILD WITH SPECIAL NEEDS**

A child who is enrolled in one or more of the following programs:

- Children with Special Health Care Services;
- First Steps Early Intervention System;
- Public School Special Education;
- Supplemental Security Income (SSI); or
- Child has been professionally diagnosed with a disability

**CITIZEN**

A person who is a citizen of the United States or a qualified alien.

**CO-PAY**

A co-pay is defined as a weekly fee for child care based on the CCDF Household's Income exceeding 100% of the federal poverty guidelines and their year of CCDF participation utilizing the Office's Child Care Income Eligibility Determination and Sliding Fee Scale.

**CONTRACT EMPLOYEE**

A contract employee is an individual who may select their own hours and days they will work in another individual's business, trade or profession. Unlike a self-employed individual, they do not assume any of the risks associated with business ownership. These individuals would document their

wages as an employee. See Section Service Need “Employment (Working)”.

### **COUNCIL ON ACCREDITATION**

A voluntary, nationally recognized accreditation system for early childhood centers and after-school programs. It is authorized and validated by the National Early Childhood Program Accreditation Commission.

### **CURRENT**

A previous thirty (30) day period which may include Applicant or Co-Applicant signature date on State Form 805 or Parent Worksheet unless otherwise stated.

### **DAILY CARE**

Daily care is defined as four (4) hours or more for non-school age and school-age other care and three (3) hours or more for school-age children during the school year.

### **DATE OF APPLICATION**

The date the State Form 805 application or parent worksheet (reauthorization or updates only) has been signed and dated by the Applicant or Co-Applicant.

### **DECLARATION**

A method of verification which does not require documentation.

### **DIRECT SERVICES**

CCDF funding component issued as vouchers for child care services or contracted with certain child care center providers for child care services.

### **EDUCATIONAL TERM**

For educational programs with single course terms for full-time students or no identified course being or end dates, each semester or term shall be counted by 16 week intervals.

### **EDUCATION/TRAINING PROGRAM**

A service need of Education/Training is established when an Applicant or Co-Applicant provide proof of participation in a certified or accredited education/training organization or institution occurring inside or outside of the home, unless otherwise indicated.

### **ELIGIBLE CHILD**

A recipient of CCDF subsidy.

### **EMANCIPATED MINOR**

A married minor or a minor residing apart from their parents and financially independent with parental consent, or affirmed by legal action.

### **EMPLOYEE**

An employee is a person who works in the service of another person under an express or implied contract of hire, under which the employer has the right to control the details of work performance. (*Black's Law Dictionary*)

### **EMPLOYMENT (WORKING)**

Employment is established when an Applicant or Co-Applicant provides proof of monetary compensation for labor or services performed for another person or organization which constitutes their usual means of livelihood.

### **ENROLLMENT YEAR**

A period of twelve (12) consecutive months for which a child is enrolled without a lapse of more than ninety (90) days.

### **ESCROW FUNDS**

Accumulated CCDF funds to allow the addition of a child(ren) to the CCDF program.

### **EXEMPT INCOME**

For purposes of CCDF eligibility, exempt income is defined as income received for limited use excluding child care, income received as reimbursements for expenses paid, income previously counted, and income received by a non-custodial adult. Exempt income includes, but is not limited to, food stamps, housing assistance, travel reimbursement, tax refunds/stimulus, foster care per diem, adoption assistance, and deductions for advance pay.

### **FAMILY CHILD CARE HOME PROVIDER**

An individual who provides child care services in a residential structure other than the child's residence.

### **FEDERAL POVERTY LEVEL**

Guidelines issued by Health and Human Services by the number in the family unit and income level to determine whether a person or family is financially eligible for assistance or services under a particular Federal program. These guidelines are based on poverty thresholds used by the Bureau of Census to prepare its statistical estimates of the number of persons / families in poverty. The poverty guidelines are adjusted each year to account for the last calendar year's increase in prices as measured by the Consumer Price Index.

### **FINANCIAL NEED**

A CCDF Household with current gross monthly income from all countable sources which falls below the established federal poverty guideline percentages determined by the Office.

### **FOSTER CARE PER DIEM**

The daily maintenance payment to a foster parent for the care of a child who is deemed a ward of the local Office of Department of Child Services.

### **FOSTER PARENT**

An individual who provides care and supervision as a substitute family on a 24-hour basis to a child who is deemed a ward of the local Office of the Department of Child Services. A foster parent, with the appropriate verification, may be considered a valid Applicant for enrollment of the foster child to the CCDF program. When foster parents are of the same gender, both are considered Applicants.

### **FULL-TIME WEEKLY**

Full-Time Weekly is defined as child care provided for 25 hours or more per week. Sunday through Saturday, for non-school age children or school-age children when school is not in session or when care is required during non-traditional hours. For school-age children, when school is in session, full-time weekly is defined as fifteen (15) hours or more per week Sunday through Saturday.

### **GROSS CCDF HOUSEHOLD INCOME**

For purposes of CCDF eligibility, gross CCDF household income is defined as total income from all countable sources prior to taxes and after income exclusions and adjustments (as stated in the CCDF Policy Manual) received by each identified CCDF Household Member in the current period.

### **HOLIDAYS**



Holidays are defined as a provider's six (6) chosen dates of closure per calendar year for which the child's attendance is credited as documented on the child's CCDF voucher.

### **HOME SCHOOLING**

Schooling provided for children eligible to receive public education in the child's home or other facility not recognized by the Department of Education.

### **HOOSIER WORKS FOR CHILD CARE CARD**

A card with a magnetic strip used to electronically document a child's attendance at a CCDF eligible provider. This card is issued by the Intake Office when an Applicant or Co-Applicant is authorized to receive CCDF subsidy.

### **IN-HOME CARE (NANNY CARE)**

In-home care is defined as child care services provided by an individual over eighteen (18) years of age who comes into the child's own home and does not reside at the child's address and is not the child's parent, step-parent, guardian or in loco parentis.

### **INCAPACITATED APPLICANT / CO-APPLICANT**

Incapacitated is defined as an Applicant or Co-Applicant who has a medical condition that prevents him/her from participating in their service need and is unable to care for their child(ren), as verified by a doctor's statement. This condition may be permanent or temporary. Temporary may not exceed thirteen (13) weeks.

### **INFANT/TODDLER PROGRAM**

Center or home-based care for newborn through 36-month-old children.

### **INTAKE AGENT**

An entity which is, by contract, obligated to perform CCDF intake and eligibility functions according to state guidelines. These functions include, but are not limited to: verifying service need, verifying financial need, accurately enrolling a child with a CCDF eligible provider according to the CCDF Household's needs, performing authorizations as needed, and reporting suspected fraud.

### **JOB SEARCH**

Activities conducted inside or outside the home to obtain employment which may include, but are not limited to; employment workshops, job fairs/clubs, research, face-to-face contact with potential employers, job interviews, completing and following up on job applications, registering for work at an employment agency, completing pre-employment requirement and job testing.

### **LEGALLY LICENSE-EXEMPT PROVIDER**

The following are exempt from licensure per IC 12-17-.2-2-8.

1. A program for children enrolled in grade kindergarten through 12 that is operated by the Department of Education or a public or private school.
2. A program for children who become at least three years of age as of December 1 of a particular school year (as defined in IC 20-18217) that is operated by the Department of Education or a public or private school.
3. A nonresidential program for a child that provides child care for less than four hours a day.
4. A recreation program for children that operates for not more than 90 days in a calendar year.
5. A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts.
6. A program operated to serve migrant children that:
  - a) Provides services for children from migrant worker families; and

- b) Is operated during a single period of less than 120 consecutive days during a calendar year.
- 7. A child care ministry registered under IC 12-17.2-6
- 8. A child home if the provider:
  - a) Does not receive regular compensation;
  - b) Cares only for children who are related to the provider;
  - c) Cares for less than six children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or
  - d) Operates to serve migrant children.
- 9. A child care program operated by a public or private secondary school that:
  - a) Provides day care on the school premises for children of a student or an employee of the school;
  - b) Complies with health, safety, and sanitation standards as determined by the Office under Section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the Office under section 10 of this chapter; and
  - c) Substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the Office under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the Office under section 10 of this chapter.
- 10. A school age child care program (commonly referred to as a latch key program) established under IC 20-26-5-2 that is operated by:
  - a) The Department of Education;
  - b) A public or private school; or
  - c) A public or private organization under a written contract with:
    - i. The Department of Education; or
    - ii. A public or private school.

Related for purposes of IC 12-17.2 and IC 12-17.4 means any of the following relationships to an individual who is less than 18 years of age by marriage, blood, or adoption:

- |                     |                 |
|---------------------|-----------------|
| 1. Parent           | 7. Step-brother |
| 2. Grandparent      | 8. Step-sister  |
| 3. Brother          | 9. First cousin |
| 4. Sister           | 10. Uncle       |
| 5. Stepparent       | 11. Aunt        |
| 6. Step-grandparent |                 |

### **LICENSED PROVIDER**

A provider meeting the legal requirements of the state to provide child care services and has been issued a license by the Office to operate a child care facility or home.

### **LUMP SUM**

Lump Sum Payments is money paid through life insurance, inheritances, lawsuit settlements, gambling/lottery winnings, severance payments from previous employer, retention bonuses from current employer, annual employment bonuses, etc. are to be annualized, unless otherwise stated.

### **MEDICALLY FRAGILE CHILD**

A child characterized by the use of a particular medical device which compensates for the loss of the use of a body function and who requires substantial and complex daily care to avert death or further disability.

#### **MEMORANDUM OF UNDERSTANDING (MOU)**

A written agreement between two or more parties which defines the roles and responsibilities of all parties.

#### **MINOR PARENT**

A parent who is under the age of eighteen (18).

#### **NATIONAL AFTER-SCHOOL ACCREDITATION**

A voluntary, nationally recognized accreditation system for after-school programs. It is authorized and validated by the National After-School Association (NAA)

#### **NAEYC ACCREDITATION**

A voluntary, nationally recognized accreditation system for all types of early childhood centers and schools. It is authorized and validated by the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children (NAEYC).

#### **NAFCC ACCREDITATION**

A voluntary, nationally recognized accreditation system for family child care homes. It is authorized and validated by the National Association of Family Child Care (NAFCC).

#### **NECPAC ACCREDITATION**

A voluntary, nationally recognized accreditation system for early childhood centers. It is authorized and validated by the National Early Childhood Program Accreditation Commission.

#### **NEW APPLICANT**

New applicant is an individual applying for services who has not participated in the CCDF program for the previous 90 days.

#### **NON-PERMANENT EMPLOYEE**

A non-permanent employee is defined as an employee who is knowingly hired to perform services for less than twelve (12) consecutive months, i.e. Secondary School Employee, Head Start Employee, and etc.

#### **NON-TRADITIONAL CARE**

Care provided outside Monday through Friday, 6:00 a.m. to 6:00 p.m., and sick child care.

#### **OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING (The Office)**

The Office is the lead agency for CCDF administration responsible for issuing program policies and procedures, as well as, monitoring contractors, and collecting data. Additionally, the Office develops and evaluates the CCDF State Plan and is accountable for administration of funds.

#### **ON-THE-JOB TRAINING**

On-The-Job Training is defined as an employee completing unpaid training at their place of work while he or she is doing the actual employment activity.

#### **OVERAGE**

An overage is defined as the portion of a provider's charges which exceed the applicable county CCDF Reimbursement Rate and may be charged to the Applicant and Co-Applicant.

### **PARTIAL PAY CYCLE**

A partial pay cycle is income documentation which does not represent an entire pay cycle. In example, less than four (4) pay stubs if paid weekly or two (2) pay stubs if paid bi-weekly or semi-monthly.

### **PATHS TO QUALITY (PTQ)**

Paths to QUALITY is a system where each level builds on the foundation of the previous one, resulting in significant quality improvements at each stage and national accreditation at the highest level. The system validates programs and providers for ongoing efforts to achieve higher standards of quality and provides incentives and awards for success.

### **PAY CYCLE**

A pay cycle is inclusive of four (4) pay stubs if paid weekly or two (2) stubs if paid bi-weekly or semi-monthly.

### **PERSONAL DAYS**

Twenty (20) days an Applicant or Co-Applicant may use for a child's absence per enrollment year. Personal days are provided to children who are enrolled on a full-time weekly basis. These days may be used at the Applicant or Co-Applicant's discretion for days when the provider was open for business, and the child was scheduled to attend, but did not attend any part of the day.

### **PENDING PROVIDER**

A provider assignment used to obligate funding without payment.

### **PHYSICAL CUSTODY**

A child who resides and is receiving care and supervision from the Applicant.

### **PIN NUMBER**

A four-digit number, chosen by a parent, to serve in place of their signature when documenting attendance electronically.

### **POINT OF SERVICE (POS) DEVICE**

A machine issued to a CCDF eligible provider which is used to electronically document the eligible child(ren)'s attendance at the facility and generate reports.

### **POST-SECONDARY EDUCATION**

Post-Secondary Education is education provided by an institution beyond a High School.

### **PREVIOUS CHECK-IN/CHECK-OUT**

The term to describe the process of documenting a child's attendance through the use of a Point of Service (POS) device for a prior day.

### **PROGRAM ABUSE**

Program abuse is defined as any false reporting of fact or information, providing false documentation or the omission of facts by the Applicant or Co-Applicant.

### **PROTECTIVE SERVICES**

Services provided by an established agency or organization to protect children or persons at risk of abuse/neglect or exploitation. May also be referred to as CPS (Child Protective Services). Income eligibility and fee requirements may be waived.

### **PROVIDER**

An individual, eighteen (18) years of age or older, who is responsible for the direct care, protection, and supervision of children in the absence of their custodial adult.

### **PROVIDER CATEGORIES**

Types of child care settings such as center-based, child care home, and in-home care.

### **QUALIFIED ALIEN**

An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act; an alien granted asylum under this Act; a refugee admitted under this Act; an alien who is paroled into the U.S. for a period of a year; an alien whose deportation is being withheld under the Act; and/or an alien granted conditional entry pursuant to the Act. Documentation must state permanent resident or resident alien.

### **RACE**

A major division of human beings, whose members are regarded as having a common ancestry and similar physical traits.

### **REAUTHORIZATION**

Reauthorization is the process by which information is obtained to document an Applicant and Co-Applicant's CCDF eligibility. The Intake Agent may complete this through face-to-face interview, mail or other acceptable means.

### **RECIPIENT IDENTIFICATION NUMBER (RID)**

The RID number is a unique identifying number assigned to a recipient of State benefits and their household members who may or may not be recipients.

### **RELATIVE CARE**

An individual provider who resides in the child's home and is a grandparent, great-grandparent, aunt or uncle of the eligible child.

### **RESIDENT**

A person who lives in the county in Indiana where they are applying or receiving assistance. This can include a person temporarily residing in a domestic or homeless shelter. Also included are legal (qualified) aliens. There is no minimum length of time a client must reside in Indiana.

### **SCHOOL-AGE CARE**

School-Age care is defined as child care provided to children attending school for the entire day needing before and after school care during traditional hours, including children attending all day Kindergarten.

### **SCHOOL-AGE OTHER**

School-age other care is defined as child care provided for a break in school which is greater than one (1) week, for care provided outside of Monday through Friday 6:00 am – 6:00 pm and care provided to sick children.

### **SECONDARY EDUCATION**

Secondary Education is defined as enrollment in an elementary, middle, junior or senior high school program, excluding those students being home schooled or participating in distance learning.

### **SELF DECLARED**

An Applicant and/or Co-Applicant method of verification which does not require documentation.

### **SELF EMPLOYMENT**

A service need of self-employment is established when an Applicant and/or Co-Applicant provides proof of revenue directly from their own business, trade or profession which may take place in or out of the home. These individuals have control over all aspects of their business. They are responsible for the delivery of services, the invoicing of services, the collection of revenue, and all other risks associated with business ownership. An Applicant and/or Co-Applicant whose self-employment activity started less than eight (8) weeks earlier may not be able to provide proof of income. Therefore, it should be treated as new employment.

### **SERVICE NEED**

A Service Need is established when each Applicant and Co-Applicant living in the home with a eligible child(ren) can demonstrate the need for child care by providing proof of participation in one or more of the following: employment activities, education and training activities or Child Protective Services.

### **SHIFT CARE**

A licensed provider may decide to offer child care services during non-traditional hours. CCDF children are to be assigned, according to their service need, to one of two 12-hour shifts (either 6:00pm until 6:00am, or 6:00am until 6:00pm or other shift defined and approved by the Office). The provider may not enroll more than their licensed capacity during either 12-hour shift. A child who needs care that would overlap during these shifts shall be assigned to **both** shifts.

### **SINGLE APPLICANT**

A single Applicant is an individual who is raising a child in a CCDF Household without a Co-Applicant.

### **STATE FORM 805**

A term used to describe an application for CCDF services.

### **STATEMENT OF SERVICES (SOS)**

Statement of Services (SOS) form is the form used by the child care provider to request a payment correction when a weekly payment was incomplete or incorrect. This form is used for the shortage of a weekly, daily or hourly payment by indicating the date, time in, time out, and expected payment for a child in care during a specific week.

### **SUBGRANTEE**

A provider of services who contracts with the Family and Social Service Administration's grantee. A subgrantee must meet the same eligibility criteria as the primary grantee and adhere to all FSSA policies and procedures.

### **SUBSIDY**

The maximum child care reimbursement less applicable co-pay.

### **SUBSIDY BEGIN DATE**

The date the CCDF Household is eligible to begin receiving CCDF services. The subsidy begin date may not be more than two weeks prior to the application date for TANF Impact Applicants only. The subsidy begin date must occur the week of application or the week following for non-TANF Impact Applicants, unless otherwise stated.

#### **SUBSIDY END DATE**

The date CCDF services will end, unless the Applicant or Co-Applicant completes the reauthorization process according to established CCDF policies and procedures.

#### **SUBSTANTIATED**

A determination supported with proof of evidence; verified.

#### **TEMPORARY MEDICAL CONDITION (TMC)**

A condition which would not be considered permanent by a physician, medical practitioner, or Social Security Administration and prevents the person's ability to work, attend school or seek employment.

#### **UNLICENSED REGISTERED CHILD CARE MINISTRIES**

Child care services provided by a religious organization which is exempt from state licensing, but must meet the minimum requirements of sanitation, fire prevention, and building safety pursuant to IC12-3-2-12.7(c).

#### **UPDATE**

The process by which an intake agent completes a periodic review of an Applicant or Co-Applicant's information and verifies changes to the application.

#### **UTILITY**

For purposes of CCDF, a utility is considered water, sewage, waste, electric, cable, natural gas or other home heating source.

#### **VERIFY AND DOCUMENT**

Verify and document is the process by which the Intake Agent collects missing information on behalf of the Applicant or Co-Applicant when permitted. The Intake Agent shall document the missing information, the name of the source providing the information, and the date provided. The Intake Agent must also initial all additions.

#### **VOLUNTEER CAREGIVER**

An individual who provides services without compensation for more than 8 hours per month.

#### **VOUCHER**

A document which states the authorized subsidy for child care services for a specific eligible child, including: CCDF eligible provider, begin date, end date, and dollar amount. Multiple vouchers within the subsidy begin and subsidy end date may be created to facilitate flexibility.

#### **VOUCHER BEGIN DATE**

The date a voucher is considered valid for reimbursement to a CCDF eligible provider. The first voucher begin date may be the same as the subsidy begin date unless the CCDF Applicant or Co-Applicant has requested alternate begin date or has been placed on Approved Leave.

#### **VOUCHER END DATE**

The date a voucher is no longer considered valid for reimbursement to a CCDF eligible provider.

**WAITING LIST**

A list of children from CCDF Households who preliminarily meet financial need and declare a service need of education/training or verification of a service need of employment for CCDF, but for whom there are no available CCDF funds.

**WEEK**

A week is defined as Sunday through Saturday.

**WORKING** (See definition of Employment)



## ACRONYMS

<b>ABE</b>	Adult Basic Education
<b>ACSI</b>	American Christ Schools International
<b>ADA</b>	Americans with Disabilities Act
<b>AIS</b>	Automated Intake System (childcare)
<b>AG</b>	Attorney General
<b>AJS</b>	Applicant Job Search
<b>BCC</b>	Bureau of Child Care (now the Office of Early Childhood and Out of School Learning)
<b>BOI</b>	Bureau of Investigations
<b>CA/N</b>	Child Abuse / Neglect
<b>CAA</b>	Community Action Agency
<b>CAP</b>	Community Action Program
<b>CCDF</b>	Child Care and Development Fund
<b>CCRR</b>	Child Care Resource and Referral
<b>CDA</b>	Child Development Associate
<b>CHINS</b>	Child In Need of Services
<b>COA</b>	Council on Accreditation
<b>CPS</b>	Child Protective Services
<b>CRO</b>	Central Reimbursement Office
<b>DCS</b>	Department of Child Services
<b>DFR</b>	Division of Family Resources
<b>DOA</b>	Department of Administration
<b>DOE</b>	Department of Education
<b>DS</b>	Direct Service
<b>EC</b>	Early Childhood
<b>EI</b>	Early Intervention
<b>ESL</b>	English as a Second Language
<b>FC</b>	Foster Care
<b>FMLA</b>	Family Medical Leave Act
<b>FPL</b>	Federal Poverty Level
<b>FS</b>	First Steps
<b>FSSA</b>	Family and Social Services Administration

<b>GED</b>	General Equivalency Diploma
<b>HHS</b>	Health and Human Services
<b>HW</b>	Hoosier Works
<b>IACCRR</b>	Indiana Association of Child Care Resource and Referral
<b>IAEYC</b>	Indiana Association for the Education of Young Children
<b>IASACC</b>	Indiana Association of School Age Child Care
<b>IC</b>	Indiana Code
<b>ICES</b>	Indiana Client Eligibility System (Food stamps, Medicaid, TANF)
<b>IEP</b>	Individual Education Plan
<b>ILCCA</b>	Indiana Licensed Child Care Association
<b>IMPACT</b>	Indiana Manpower Placement and Comprehensive Training
<b>IPIN</b>	Indiana Parent Information Network
<b>IRS</b>	Internal Revenue Service
<b>ISETS</b>	Indiana Support Enforcement Tracking System (Child support)
<b>LLEP</b>	Legally License-Exempt Provider
<b>MOU</b>	Memorandum of Understanding
<b>NAA</b>	National After-School Association
<b>NAEYC</b>	National Association for the Education of Young Children
<b>NAFCC</b>	National Association of Family Child Care
<b>NECPA</b>	National Early Childhood Program Accreditation
<b>OCP</b>	Office of Community Planning
<b>OECOSL</b>	Office of Early Childhood and Out of School Learning (The Office)
<b>OTC</b>	Over the Counter (referring to Hoosier Works Card issuing)
<b>PES</b>	Provider Eligibility Standards
<b>POA</b>	Plan of Action
<b>POS</b>	Point of Service
<b>PRWORA</b>	Personal Responsibility and Work Opportunity Reconciliation Act of 1996
<b>PTQ</b>	Paths to Quality
<b>QRS</b>	Quality Rating System
<b>RFF</b>	Request for Funds
<b>RFP</b>	Request for Proposal
<b>RID</b>	Recipient Identification Number
<b>SAC</b>	School Age Care (formerly School Age Child Care - SACC)
<b>SCM</b>	State Case Manager

<b>SCR</b>	State Central Registry
<b>SEC</b>	State Eligibility Consultant
<b>SOS</b>	Statement of Services
<b>SSA</b>	Social Security Administration
<b>SSAC</b>	State School Age Child Care
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>TA</b>	Technical Assistance
<b>TANF</b>	Temporary Assistance to Need Families (formerly AFDC)
<b>TMC</b>	Temporary Medical Condition

# **CCDF ELIGIBILITY**

## **SECTION 2**

## 2.1 DETERMINING ELIGIBILITY

All families must meet the service need, financial need, residency and age requirements as well as choose a certified provider to access CCDF. Initially most non-TANF Impact Applicants access CCDF services through enrollment on the CCDF waiting list when escrow funds are not available in the county in which the Applicant and Co-Applicant reside. If funds are available, an application should not be started until the Intake Agent has verified the Applicant and Co-Applicant have provided all information needed to complete an application.

### **APPLICANT DEFINITION**

*Applicant is a person who is applying for services on behalf of the child(ren) for which they have physical custody. The applicant must be a person related to the eligible child by blood law, or is a person standing in loco parentis (in place of the parent). The applicant must be age eighteen (18) unless the applicant is married, an emancipated minor, or a minor parent.*



### **2.1.1 CCDF GENERAL POLICY**

*All Applicants and Co-Applicants, including TANF Impact and AJS Applicants, must comply with CCDF Policies and Procedures, unless otherwise stated.*

## 2.2 CCDF WAITING LIST

### ◀ ENTERING FAMILIES ON THE CCDF WAITING LIST ▶



#### 2.2.1 PRE-APPLICATION POLICY

*A non-TANF Impact Applicant may provide a completed County Child Care and Development Fund (CCDF) Pre-Application to determine pre-eligibility status for the CCDF Voucher Program, including declaration of a valid service need, verification of each CCDF Household Member's income, and verification of priority. In the event funds are not immediately available, the Applicant will be placed on the CCDF Waiting List.*

#### APPROPRIATE DOCUMENTS FOR A CCDF PRE-APPLICATION

It is the responsibility of the Intake Agent to maintain an accurate CCDF waiting list. Each CCDF waiting list application must include:

- STEP 1 A Completed Child Care and Development Fund (CCDF) Pre-Application
- STEP 2 Copy of the Applicants and Co-Applicant's, if applicable, paystub. The Intake Agent will multiple the gross wages by one of the following:
  - Two (2) if the paystub represents a bi-weekly or semi-monthly pay period; or
  - Four (4) if the paystub represents a weekly pay period; or
  - Enter as provided if the paystub represents a full month of pay; or
  - *Exception: The Intake Agent will determine self-employment wages by:*
    - Tax form Schedule C (if not more than six (6) months old as determined by fiscal year) divided by the number of months operating during the reporting year.
    - Monthly Statement of Profit and Loss entered as provided.
- STEP 3 A CCDF Household declaring a priority must provide verification of their priority (i.e. TANF Impact, AJS, special needs, TANF, or CPS).
- STEP 4 An Applicant or Co-Applicant adding a child to an active application must provide proof of birth.

**PLEASE NOTE:** *CPS clients are not required to provide their most recent paystub.*

**PLEASE NOTE:** *If the Applicant or Co-Applicant is military personnel, inquire if they are aware of military child care assistance through Child Care Aware (800) 424-2246.*

## ◀MAINTAINING THE CCDF WAITING LIST▶

In addition to verifying income eligibility, the Intake Agent must take additional steps to ensure the waiting list is accurate. This will require the Intake Agent to contact any Applicant in writing who has been on the waiting list for more than ninety (90) days to inquire if the Applicant and Co-Applicant still have a valid service need.

### STEPS TO COMPLETE A CCDF WAITING LIST PURGE

- STEP 1 The Intake Agent must send a written request for verification of valid service need for the Applicant and Co-Applicant, if applicable, requesting the submission of their most recent paystub or other appropriate wage verification when employed. If the Applicant or Co-Applicant is a student, only declaration is required.
- STEP 2 The written request must require an appropriate response from the Applicant and/or Co-Applicant within ten (10) calendar days from the date of the request.
- STEP 3 If an Applicant or Co-Applicant fails to appropriately respond to the written request, the Applicant and Co-Applicant, if applicable, must be purged from the CCDF waiting list.
- STEP 4 If the CCDF waiting list application has been purged, the application may be destroyed.

## ◀NOTIFYING APPLICANTS OF AVAILABLE FUNDS▶

The Intake Agent will be notified of an estimated number of non-TANF Impact children who can be added to the program. Typically, this notification is made by email followed by a conference call hosted by the Office. Intake Agents are expected to participate in this conference call.

It is the responsibility of the Intake Agent to notify and enroll the children within the enrollment cycle. Failure to complete enrollment may result in transfer of funds to a county in need.



### 2.2.2 WAITING LIST POLICY

*An Intake Agent shall provide written notification to a CCDF Waiting List Applicant when funds become available for enrollment of non-TANF Impact children. Applicants shall be notified in priority order and enrolled on a first-come / first-served basis.*

A partial application MAY NOT be started for any Applicant or Co-Applicant under any circumstances *unless otherwise directed by the Office.*

## ◀CCDF ENROLLMENT PRIORITIES▶

TANF-Impact Applicants must be enrolled in the CCDF Voucher Program, if funds are available (priority placement on the program despite the presence of a CCDF waiting list).



### 2.2.3 WAITING LIST TANF PRIORITY POLICY

*A TANF Impact family must be enrolled in the CCDF voucher program despite the presence of a waiting list. If CCDF funds are not available, non-TANF Impact families must be terminated to accommodate the TANF Impact family in the following order:*

1. *Families at the highest level of poverty, as established by the state*
2. *Families who have been on the CCDF program the longest amount of time*
3. *Families at the highest gross income level as calculated for CCDF eligibility*

When funds are not available for a TANF Impact Applicant, the Intake Agent will be directed by the Office to terminate appropriate non-TANF Impact families (this may include TANF only families) who are currently receiving CCDF in the county. The Applicants removed from the program should be placed on the CCDF waiting list in order of state priority utilizing a CCDF Pre-Application.

When a Child Care and Development Fund (CCDF) Pre-application has been entered into the Automated Intake Software appropriately, the Applicant will be prioritized in the appropriate order.



### 2.2.4 WAITING LIST PRIORITY POLICY

*When CCDF funds are not available, families shall be placed on the waiting list and prioritized in the following order:*

1. *Families receiving TANF with verification, who are not enrolled in an IMPACT approved activity;*
2. *Families with children who receive or need to receive child protective services provided the CPS caseworker indicated the Applicant and Co-Applicant's need for child care out of the child's home as part of the CPS case plan. The service and financial need requirements are waived for these children's parents or step-parents. A child who has been placed into another home is not eligible for this exception; however, a child may be added prior to placement in their home when an appropriate CPS case plan has been developed;*
3. *Children with Special Needs (see definition), who meet income and service eligibility guidelines and provide special needs documentation;*
4. *Families who are transitioning off of the TANF program;*
5. *Families with the lowest income who are not receiving TANF or transitioning off TANF, but are at risk of becoming dependent on such assistance by date of CCDF pre-application.*



When escrow funds become available, families must be notified in priority order but may be enrolled on a first/come – first/serve basis.

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## 2.3 PHYSICAL CUSTODY

The individual, parent or guardian, having physical custody of the child is considered the Applicant for CCDF benefits. Custody may be formal or non-formal.

### **PHYSICAL CUSTODY DEFINITION**

*A child who resides and is receiving care and supervision from the Applicant*

### **NON-FORMAL CUSTODY**

- Non-Formal Custody may be:
  - Foster children placed with unlicensed foster parents
  - Children living with custodial adults who are not their biological parent or legal guardian
- Does not require verification.
- Household composition will include the custodial adults, the child(ren) for whom they are serving as parent, and any other children meeting the definition of a CCDF Household.
- Income is counted for Applicants applying for children for whom they have non-formal custody.

## ◀MINOR PARENT▶

Minor parents are parents under the age of eighteen (18) related by blood or law to the children for whom they have physical custody. Minor parents as Applicants:

- Are considered a CCDF Household with his/her own children
- Must meet CCDF eligibility requirements

### **2.3.1 MINOR PARENT IN THE CCDF HOUSEHOLD POLICY**

*When a minor parent is in the CCDF Household and is NOT the primary caregiver, the following documentation is required:*

- ✓ Signed and dated statement from the Applicant or Co-Applicant indicating the minor parent is not the primary caregiver; **or**
- ✓ Signed and dated statement from the minor parent indicating they are not the primary caregiver.

*Either statement must be provided with each application sequence until the minor parent is no longer in the Applicant's CCDF Household and/or becomes eighteen (18) years of age.*



### **2.3.2 MINOR PARENT IMPACT POLICY**

*If a custodial adult of a minor parent is a TANF Impact participant, the minor parent will be given the custodial adult's priority for purposes of enrollment in the CCDF Voucher Program. To verify priority, the minor's parent must provide a complete TANF Impact referral at the time of initial application.*



## DOCUMENTING MINOR PARENT IMPACT PRIORITY

The Intake Agent shall follow the procedures below:

- STEP 1 A CCDF Pre-Application is completed by the minor parent who is considered the Applicant.
- STEP 2 A valid TANF Impact referral is provided by the minor parent's parent or guardian. The IQCM must show the minor parent as a household member.
- STEP 3 The minor parent's application is marked with a "TANF Impact" priority.
- STEP 4 The minor parent's CCDF Household will include the minor parent as Applicant and his/her children whom they are related to by blood or law.
- STEP 5 The minor parent must meet all relevant CCDF eligibility criteria.
- STEP 6 When the minor parent's application is complete, their priority must be changed to the appropriate selection for their CCDF Household.

## ◀CATASTROPHIC CHANGES TO PHYSICAL CUSTODY▶



### 2.3.3 CATASTROPHIC CHANGE IN PHYSICAL CUSTODY POLICY

*When the physical custody of a child currently receiving CCDF benefits changes due to a catastrophic event, the child may be entitled to continued benefits should the individual with physical custody meet eligibility guidelines and live within the same county as the child receiving benefits. A catastrophic event includes:*

- *Death of a custodial adult*
- *Loss of a custodial adult*
- *Incarceration of a custodial adult*
- *Placement with a foster family or other guardian as identified by the Department of Child Services or placement back into the child's home*
- *Deployment or return of custodial adult from active military service*

## STEPS TO COMPLETE A CHANGE IN PHYSICAL CUSTODY DUE TO A CATASTROPHIC EVENT

The Intake Agent shall follow the procedures below:

***PLEASE NOTE:*** *The Intake Agent must assure the CCDF eligible child's authorizations do not overlap by subsidy end date or voucher end date.*

- STEP 1 On the existing case, end vouchers the Saturday following change in custody or first available Saturday. Terminate the case.
- STEP 2 Request the new custodial adult to complete a CCDF Pre-Application.
- STEP 3 Pre-determine the new custodial adult's eligibility.
- STEP 4 Enter the new custodial adult's application as a Waiting List Application.
- STEP 5 Submit a Data Change Request form to the CCDF Policy Consultant. This form must include the current AIS case number *and* the AIS case number of the Waiting List Application, as well as, the reason for the change in physical custody.

- STEP 6 If approved, the Intake Agent will be notified the Waiting List Application is now in a partial status
- STEP 7 Complete the eligibility determination and authorization for the new custodial adult. It is the responsibility of the Intake Agent to assure the eligible child's authorizations do not overlap.

### ◀TEMPORARY CHANGES IN PHYSICAL CUSTODY▶

When physical custody of a child(ren) is no longer with the Applicant due to a formal or non-formal custody agreement, the Applicant must submit a written request to place the child(ren)'s vouchers in "Approved Leave" for the period of time the child(ren) are not in their physical custody. This period may not exceed thirteen (13) weeks. This action ensures the child(ren) will continue to receive CCDF benefits when the child(ren) returns to the Applicant's home.

If the individual who obtains temporary custody of the child(ren) also need child care, the individual with temporary custody may apply for CCDF benefits according to CCDF policies.

### ◀CHANGE IN RELATIONSHIP▶ FOSTER PARENT ADOPTS CHILD



#### 2.3.4 FOSTER PARENT ADOPTION POLICY

*When a foster parent adopts their foster child(ren), they are considered a new Applicant and are required to meet all relevant eligibility guidelines, including poverty level, unless the foster parent has an active non-foster application.*

#### STEPS FOR FOSTER CHILD ADOPTION WITHOUT A CURRENT NON-FOSTER APPLICATION

The Intake Agent shall follow the procedures below for a foster parent with an active foster application who does not have an active non-foster application:

**PLEASE NOTE:** *The Intake Agent must assure the adopted eligible child's authorizations do not overlap by subsidy end date or voucher end date.*

- STEP 1 On the existing foster application, end the vouchers on the Saturday following the adoption or the first available Saturday. Terminate the case.
- STEP 2 Request a complete CCDF Pre-Application from the adoptive parent.
- STEP 3 Pre-determine eligibility by entering the Waiting List Application.
- STEP 4 If eligible, submit a Data Change Request form to the CCDF Policy Consultant. This form must include the now inactive foster AIS case number

- and the AIS case number of the Waiting List Application, as well as, the reason for the change noted as “adoption”.
- STEP 5 If approved, the Intake Agent will be notified the Waiting List Application is now in partial status.
- STEP 6 Complete the eligibility determination and authorization for the eligible child.

### **STEPS FOR FOSTER CHILD ADOPTION WHEN A CURRENT NON-FOSTER APPLICATION IS ACTIVE**

The Intake Agent shall follow the procedures below for a foster parent with an active foster and non-foster application:

***PLEASE NOTE:*** *The Intake Agent must assure the adopted eligible child’s authorizations do not overlap by subsidy end date or voucher end date.*

- STEP 1 On the existing foster application case, end the vouchers on the Saturday following the adoption date or first available Saturday. Terminate the case.
- STEP 2 Add the adopted child to the active non-foster application.
- STEP 3 If eligible, submit a Data Change Request form to the CCDF Policy Consultant. This form must include the now inactive foster AIS case number *and* the AIS case number of the active non-foster case, as well as, the reason for the change noted as “adoption”.
- STEP 4 If approved, the Intake Agent will be notified the adopted eligible child is now in a partial status.
- STEP 5 Complete the authorization for the adopted eligible child.

## **◀PARENTS IN THE MILITARY▶**

The person with physical custody of the child(ren) is considered the Applicant(s) for benefits. Their service and financial need would be considered for eligibility.

The military family should also be made aware of the military child care assistance through Child Care Aware (800) 424-2246.

### **HOUSEHOLD SIZE FOR DEPLOYED CCDF HOUSEHOLD**

Two custodial adult CCDF Household:

- A married couple’s CCDF application will include the parent stationed away from home in their CCDF Household size and his/her income shall also be counted toward eligibility.
- An unmarried couple’s CCDF application will not include the parent stationed away from home nor will his/her income be counted toward eligibility, unless support is being provided directly to the custodial parent and this income will be treated as Child Support.

## 2.4 RESIDENCY



### 2.4.1 CCDF RESIDENCY POLICY

*The Applicant must apply for the CCDF Voucher Program in his/her county of residence.*

There is no minimum length of time an Applicant or Co-Applicant must reside in Indiana to obtain benefits. This can include a person who is temporarily residing in a Domestic or Homeless shelter in Indiana. Should an active Applicant or Co-Applicant move from their current Indiana County of residence, they may transfer their CCDF benefits to another Indiana County.

### STEPS FOR A NEW APPLICANT OR CO-APPLICANT MATCH

When performing a search in the Automated Intake Software, an Intake Agent may receive a match to an Applicant or Co-Applicant in another county. If match is found, the Intake Agent should follow the procedure below.

- STEP 1 Determine if the case is active
- STEP 2 Determine if the individual is the same individual submitting the application by matching Applicant and Co-Applicant's date of birth, RID number, child(ren)'s name(s) and date of birth
- STEP 3 If the Intake Agent determines the Applicant or Co-Applicant is a match to the active case in another county, the Intake Agent must inform the Applicant or Co-Applicant an application cannot be taken until their active case has been closed.
- STEP 4 The Intake Agent should ask the Applicant or Co-Applicant their date of relocation. If the move was reported timely (within 30 calendar days), provide the Applicant or Co-Applicant with a CCDF County Transfer form for completion by the exiting Intake Agent.
- STEP 5 Notify the CCDF Policy Consultant of Applicant match.

### STEPS FOR AN ACTIVE APPLICANT OR CO-APPLICANT TRANSFERRING TO ANOTHER COUNTY

When an active Applicant and/or Co-Applicant moves to another Indiana County, they may transfer their CCDF benefits to their new county of residence provided the Applicant and/or Co-Applicant can demonstrate compliance with all CCDF Policies and the request has been made within thirty (30) calendar days of their move.

- STEP 1 The Intake Agent receives notification from an active Applicant or Co-Applicant they are moving to another Indiana County. The Applicant or Co-Applicant must request the CCDF Transfer form.
- STEP 2 The exiting Intake Agent ends the affected vouchers with an appropriate end date for the Applicant's or Co-Applicant's situation. The end date may not be a past date.
- STEP 3 The exiting Intake Agent completes the CCDF Transfer form and provides the Applicant or Co-Applicant a copy.

- STEP 4 A copy of the completed CCDF Transfer form is securely emailed to the appropriate CCDF Policy Consultant(s) and the Intake Agent in the county of transfer.
- STEP 5 The Intake Agent in the county of transfer must request “slots” from The Office’s Operations Unit via email if the Applicant or Co-Applicant applies for benefits timely (within 30 calendar days of their move).
- STEP 6 When “slots” have been provided, the Intake Agent completes the application and authorization process.
- The Applicant and Co-Applicant may utilize job search as their service need subject to CCDF Policy limits. (Reference the CCDF Transfer form for prior week’s utilized.)
  - The Applicant and Co-applicant may utilize child care benefits to participate in an education activity subject to CCDF Policy limits. (Reference the CCDF Transfer form for prior semesters utilized.)

**PLEASE NOTE:** Should the Applicant or Co-Applicant report their move to the relocating county first, the Intake Agent should provide the Applicant or Co-Applicant with a CCDF County Transfer form and instruct them to contact the exiting Intake Agent form completion. The form must be submitted to the exiting Intake Agent no later than noon the day prior to the last business day of the week for a change to take effect the following Sunday.

## ◀APPROPRIATE DOCUMENTS TO VERIFY RESIDENCY▶

It is the responsibility of the Intake Agent to obtain documentation to verify the Applicant or Co-Applicant’s physical residency, including street address, city and/or zip code.

### CURRENT DEFINITION

*For purposes of CCDF eligibility current is defined as a previous thirty (30) day period which may include Applicant or Co-Applicant’s signature date on State Form 805 or CCDF Parent / Applicant Worksheet, unless otherwise stated.*



### 2.4.2 CCDF NAME ATTESTATION POLICY

*When an Applicant or Co-Applicant’s name as verified on their ID document does not match all verification documents in the current sequence, the individual must complete a CCDF Name Attestation form.*

**PLEASE NOTE:** If documentation listed below is not obtainable for the Applicant or Co-Applicant, a formal written request including suggested appropriate documentation must be submitted to the Office for prior written approval.

Any of the following are appropriate documents for verification of residency.

- Current rent receipt or signed and dated statement from landlord
- Current mortgage statement based on statement date or print date
- Current signed and dated statement from declared legal resident with whom the Applicant and Co-Applicant reside
- Current utility bill based on any of the following: end date of service period, meter reading date, or statement date (See definition of utility.)

***PLEASE NOTE:*** When a complete address is not present, a municipal utility provider with a business name which includes the city of delivery may be used to document the city of residence.

- Lease or lease amendment for the existing lease period

***EXISTING LEASE PERIOD DEFINITION***

*Existing Lease Period is a lease which states it is a month to month lease or a lease which includes begin and end dates which are not expired.*

- Dated reauthorization letter from Intake Agent which is not more than 60 days old
- Envelope from current mail received at address, which is not a window envelope and includes a dated postmark
- Current correspondence from state agencies such as DWD, DFR, etc. including screen prints from ICES or [www.ifcem.com](http://www.ifcem.com) or other state supported website with a current print date which can be verified and documented
- Current correspondence from federal agencies such as the Social Security Administration with a current letter date
- Online documentation from the United States Postal Service showing an updated or changed address which includes a confirmation code
- Current documentation from a secondary or post-secondary school verifying the student's (Applicant or Co-Applicant's) registered address based on valid service need document
- Valid Indiana driver's license, valid Indiana state ID, valid Interim/Extension Indiana Regular ID Card, or any other valid government ID for Applicant or Co-Applicant
- Valid INS Green Card for Applicant or Co-Applicant
- Valid Indiana Vehicle Registration
- Current pay stub for Applicant or Co-Applicant
- Documentation from a Homeless or Domestic Violence Shelter which includes a signed and dated statement indicating county of residence only. For this purpose, a PO Box is acceptable
- Documentation of homelessness provided by the DFR. The Applicant may utilize the DFR address as a mailing address. The Applicant's street address should be recorded as "homeless". The city and zip code should match the DFR address. Other homeless situations should be discussed with the appropriate CCDF Policy Consultant



## SCHOOL DISTRICT

Once the Intake Agent has verified residency, it is necessary to assist the parent in determining their school district. A complete list of school district information can be found on the Indiana Department of Education's website [www.doe.in.us](http://www.doe.in.us) or more specifically on webpage <http://www.doe.in.gov/publications/schooldirectory.html>.

## ◀CHOSEN PROVIDER IS IN ANOTHER COUNTY▶

An Applicant or Co-Applicant must choose a CCDF eligible provider during the application process. This provider may reside in their county of residence or in a connecting county without The Office's approval. If an Applicant or Co-Applicant has selected a provider from a county not accessible to the Intake Agent, a written request for approval must be submitted to the Office.

### STEPS TO REQUEST PROVIDER IN UNAVAILABLE COUNTY

In certain circumstances, a CCDF eligible provider may not be in the Intake Agent's AIS selection because county access is limited to connecting counties. This does not exclude the chosen provider. Follow the steps below to request provider:

- STEP 1 Email your CCDF Policy Consultant the following information:
- ✓ The Applicant's name and county of residence
  - ✓ AIS case number
  - ✓ CCDF Eligible Provider's name
  - ✓ License or Registration number, if applicable
  - ✓ CCDF Eligible Provider's Address, including county
- STEP 2 Your CCDF Policy Consultant may:
- Approve request and add the specific provider to AIS selections; **or**
  - Request additional information; **or**
  - Deny the request.
- STEP 3 The decision will be emailed to the Intake Agent.



#### 2.4.3 CCDF ELIGIBLE PROVIDER REIMBURSEMENT RATE POLICY

*A CCDF eligible provider's rate of reimbursement is based on the local CCDF Reimbursement Rates for the county where the Applicant resides not the county where child care is provided.*

## 2.5 CHILD ELIGIBILITY



### 2.5.1 ELIGIBLE CHILD POLICY

*An eligible child is a child related to the Applicant and Co-Applicant either by blood or law or other person standing in loco parentis (in place of the parent). All eligible children must be under the age thirteen (13) unless the child has appropriately documented special needs or court ordered supervision and is under the age of eighteen (18).*



### 2.5.2 DOCUMENTED IDENTITY POLICY

*Applicant must submit appropriate documentation of identity for all CCDF Household Members.*

## ◀ CHILD IDENTITY ▶

### APPROPRIATE DOCUMENTS TO VERIFY IDENTITY AND AGE OF AN ELIGIBLE CHILD

It is the responsibility of the Intake Agent to obtain documentation to verify a child's eligible age. Only one permanent document is needed. When entering the child's name into the Intake Software a child's first and last name should be entered as recorded on the child's form of identification. A middle initial is optional.

Any of the following are appropriate documents to verify an eligible child's identity and age:

- Birth Certificate
- Hospital Issued Certificate of Birth
- Birth Confirmation Letter
- ICES Screen
- Court Record of Adoption, Paternity, or Foster Placement, if date of birth is verified
- Documentation from the verifying agency of a foster child's date of birth
- A completed and notarized Paternity Affidavit, State Form 44780
- Identification Card issued by any government, if date of birth is on the card
- Passport
- Permanent Residency Card
- Hoosier Health or Medicaid Card, if date of birth is on the card
- School Enrollment Record or Identification Card, if date of birth is on the card
- Medical Immunization Record, if date of birth is on the document



### 2.5.3 ELIGIBLE CHILD'S CITIZENSHIP POLICY

*For purposes of the CCDF Voucher Program, an eligible child must be a citizen of the United States or a qualified (legal) alien. Only the citizenship or immigration status of the eligible child is relevant for eligibility purposes.*

## ◀CHILD CITIZENSHIP▶

### APPROPRIATE DOCUMENTS TO VERIFY CITIZENSHIP OF AN ELIGIBLE CHILD

It is the responsibility of the Intake Agent to obtain documentation to verify a child is a citizen of the United States or a qualified (legal) alien and currently residing in Indiana.

Any of the following are appropriate documents to verify the citizenship status of an eligible child:

- Any appropriate documentation of proof of birth issued in the United States
- Hoosier Healthwise or Medicaid card
- Valid Green Card
- Valid Visa
- Form I-94; Arrival / Department Document
- Social Security Card

***PLEASE NOTE:** Prior to scanning, the Intake Agent must redact or mask the first five (5) digits of the Child's Social Security Number.*

- Permanent Residency Card
- Valid State Identification Card
- ICES Screen

## ◀FOSTER CHILDREN▶

### APPROPRIATE DOCUMENTS TO VERIFY AN ELIGIBLE CHILD IS A FOSTER CHILD

It is the responsibility of the Intake Agent to collect documentation of an eligible child's status as a foster child before exempting a foster parent's income.

Any of the following are appropriate documents to verify an eligible child is a foster child.

- Copy of the foster parent's valid Foster Family Home License, State Form 45562, which matches the foster parent's residency verification; **or**
- Documentation from approving authority indicating the Foster Family Home License has been renewed or address has been changed; **and**
- Verification the child is a ward of the State, such as Medical Authorization, State Form 3319, Court Placement Order, current per diem documentation which includes eligible child's name or current documentation from the DCS Caseworker

The above documentation must be collected at each reauthorization.

## ◀CHILD WITH SPECIAL NEEDS▶

### APPROPRIATE DOCUMENTS TO VERIFY AN ELIGIBLE CHILD'S SPECIAL NEEDS

It is the responsibility of the Intake Agent with parental consent to collect documentation of an eligible child's enrollment in a program for children with special need.



#### 2.5.4 CHILD WITH SPECIAL NEEDS DOCUMENTATION POLICY

*Documentation for children with special needs under the age of 13 is required at initial application only. For children ages 13 or over, the required special needs documentation must be an IEP (Individualized Education Plan) or a statement from a health care professional updated at least annually.*

Any of the following are appropriate documents to verify a child's special needs:

- Children with Special Health Care Services as provided by the State of Indiana
- First Steps Early Intervention System
- Public School Special Education (Individualized Education Plan or IEP)
- Supplemental Security Income (SSI)
- Head Start (Child professionally diagnosed with disabilities)
- Statement from a health care professional which includes the child's diagnosis.

If documentation of enrollment in at least one of the above indicated programs cannot be obtained, the child will not be considered as a child with special needs until the documentation can be provided. Provider and/or Applicants or Co-Applicants cannot self-declare a child has special needs.

## 2.6 CCDF HOUSEHOLD MEMBERS

### **CCDF HOUSEHOLD DEFINITION**

*A CCDF household is one or more custodial adults and children related by blood or law or other person standing in loco parentis residing in the same household. Where custodial adults over the age of 18 (other than spouses or biological parents of the child(ren) receiving services) reside together, each is considered a separate household. Wards of the local Office of the Department of Child Services (DCS), foster children on Title IV-E, are all the legal responsibility of DCS and not the household which the children have been placed. NOTE: A marriage between persons of the same gender is recognized in Indiana, therefore, persons of the same gender are considered Applicant and Co-Applicant.*

Using the definition of CCDF Household above, the Intake Agent must determine which individuals shall be included on the CCDF Application. It is possible for an Applicant to have more than one CCDF Application based on the relationship of the child or children to the other adults in the household; however, a child may not be on multiple applications with the same adult Applicant. Once a child(ren) turns eighteen (18) years of age, a child is no longer considered a CCDF Household member for purposes of CCDF regardless of school enrollment status.

In the case of foster families, only foster children who are biological siblings should be listed on the same application.

**PLEASE NOTE:** *If the Intake Agent has determined the Applicant receiving services is a “Single Parent” (See definition of Single Parent) there will be no other adults listed on the CCDF application. If the Applicant is not a “Single Parent”, the biological parent, step-parent, guardian or foster parent of the child(ren) must be listed on the CCDF application and appropriate documentation to verify identity is needed.*



### **2.6.1 DOCUMENTED IDENTITY POLICY**

*Applicant must submit appropriate documentation of identity for all CCDF Household Members.*



### **2.6.2 CCDF NAME ATTESTATION POLICY**

*When an Applicant or Co-Applicant’s name as verified on their ID document does not match all verification documents in the current sequence, the individual needs to complete a CCDF Name Attestation form. Please note: Children are exempt from this policy.*

## ◀APPLICANT IDENTITY▶

### **APPROPRIATE DOCUMENTS TO VERIFY APPLICANT IDENTITY**

It is the responsibility of the Intake Agent to obtain documentation to verify the identity of the Applicant and Co-Applicant. Only one verification document is required. When entering the Applicant or Co-Applicant's name into the Intake Software, the first and last name must be entered as recorded on the form of identification, regardless of TANF status. A middle initial is optional. An Applicant or Co-Applicant may declare their date of birth.

Any of the following are appropriate documents to verify an Applicant's identity, if the verification includes a photograph.

- Driver's License
- Identification Card issued by any government
- Passport
- Military Identification Card
- School Identification Card
- Work Identification Card

## **◀CO-APPLICANT IDENTITY▶**

### **APPROPRIATE DOCUMENTS TO VERIFY CO-APPLICANT IDENTITY**

Any of the following are appropriate documents to verify a Co-Applicant's identity. A photograph is not required.

- Driver's License
- Identification Card issued by any government
- Passport
- Military Identification Card
- School Identification Card
- Work Identification Card
- Permanent Residency Card
- ICES Screen
- Social Security Card

***PLEASE NOTE:*** Prior to scanning, the Intake Agent must redact or mask the first five (5) digits of the Applicant's or Co-Applicant's Social Security Number.

- Birth Certificate
- Insurance Card
- Vehicle Registration
- Voter Registration Card

## **◀CHILD IDENTITY▶**

### **APPROPRIATE DOCUMENTS TO VERIFY IDENTITY OF A CHILD NOT RECEIVING CCDF**

Any of the following are appropriate documents to verify the identity of children as CCDF Household members who are not receiving CCDF subsidy. The document must include verification of date of birth.

- Birth Certificate
- Hospital Issued Certificate of Birth
- Birth Confirmation Letter
- ICES Screen
- Court Record of Adoption or Foster Placement, if date of birth is verified
- Documentation from the verifying agency of a foster child's date of birth
- A completed and notarized Paternity Affidavit, State Form 44780
- Identification Card issued by any government
- Passport
- Permanent Residency Card
- Hoosier Health or Medicaid Card, if date of birth is on the card
- School Enrollment Record or Identification Card, if date of birth is on the card
- Medical Immunization Record, if date of birth is on the card

## ◀CCDF HOUSEHOLD MEMBERS RID NUMBER▶

If an Applicant or Co-Applicant receives TANF benefits, the Intake Agent shall record the individual's RID (Recipient Identification Number). If an Applicant or Co-Applicant does not have a RID number, one will be assigned to them through an AIS validation process.

### STEPS TO VALIDATE A RID NUMBER

When completing the RID number validation process, the Intake Agent may receive potential matches from ICES data. The following AIS data fields will be matched to ICES data fields to assist the Intake Agent in determining if an appropriate match exists.

- Name
- Social Security Number
- RID Number currently entered in AIS
- Date of Birth
- Gender
- Race

The appropriate match may occur if the individual's AIS data partially matches ICES data; however, it is the responsibility of the Intake Agent to determine if a match exists. This may require information from the Applicant or Co-Applicant to justify the match. Unmatched data fields will not be populated into AIS unless the field is the RID number which will be updated on validation.

When no match exists, ICES will create a new RID number for the Applicant and/or Co-Applicant. Once successfully created, the RID number will be populated in AIS. (For additional information on the RID Validation Process, see your AIS User Manual.)

## 2.7 SERVICE NEED



### 2.7.1 SERVICE NEED REQUIREMENT POLICY

*An Applicant and Co-Applicant must demonstrate a valid service need at the time of application which meets all eligibility criteria.*

#### TYPES OF SERVICE NEED DEFINITION

*A service need is established when each custodial adult living in the home with an eligible child can demonstrate the need for child care by providing proof participation in one or more of the following:*

*Service Need Code of #1: Employment*

*Service Need Code of #2: Education or Training*

*Service Need Code of #3: A Combination of Service Need 1 & 2  
regardless of the use of child care*

*Service Need Code of #4: Child Protective Services*



### 2.7.2 START DATE OF SERVICE NEED POLICY

*To establish a valid service need, the Applicant and Co-Applicant's participation must begin the week of or the week following the application completion date, unless otherwise stated.*

#### APPLICATION COMPLETION DATE DEFINITION

*The date the application authorization is complete and the Intake Agent has signed and dated the application, State Form 805.*

## ◀TANF IMPACT REFERRALS▶

CCDF Applicants or Co-Applicants participating in the TANF Impact program document their service need by providing the local Intake office with a complete valid TANF Impact referral.

### DETERMINING IF A TANF IMPACT REFERRAL IS COMPLETE

A TANF Impact referral may be received by fax, email, or in person. It is the responsibility of the Intake Agent to verify the referral is complete prior to completing the application.



All of the following criteria must be met to determine a referral is complete:

- ✓ The referral is *current* based on the TANF Impact caseworker's signature date
- ✓ A complete TANF Impact referral or Applicant Job Search has been received for each CCDF Adult Household Member unless there is another verified service need.
- ✓ The TANF Impact Referral includes all of the following:
  - Applicant Name
  - Applicant Complete Address
  - Applicant Phone Number, if available
  - TANF Case Number
  - Activity clearly marked
  - Activity Begin and End Dates are present
  - All appropriate ICES screens are attached or marked "na"
    - ✓ AEINC (Earned Income), if applicable
    - ✓ AEISE (Self-employment income), if applicable
    - ✓ AEFUI (Unearned income), if applicable. An AEFUI for an individual who is not part of the CCDF household may be received; however, the income should be excluded.
    - ✓ IQAE (TANF Benefit)
    - ✓ IQCM (Case Member Inquiry)
    - ✓ WPA1
  - Signed or Electronically Transmitted
  - Signature (Completion ) Date of Impact Caseworker
- ✓ If activity is employment, an AEINC or AEISE must show monthly income
- ✓ Upon authorization completion or expiration of referral, Intake Agent should complete Section B of referral and return to TANF Impact Caseworker.



### **2.7.3 TANF IMPACT APPOINTMENT POLICY**

*If a complete TANF Impact referral has been received, the Intake Agent must make an appointment available to the TANF Impact Applicant or Co-Applicant within five (5) business days of Applicant or Co-Applicant contact. Applicant identity and Provider Information Page are the only documents required at the time of authorization.*

## SERVICE NEED TYPE

### 2.8 APPROVED LEAVE



#### 2.8.1 APPROVED LEAVE POLICY

*A service need of Approved Leave is established when an active Applicant or Co-Applicant, unless otherwise indicated, provides proof of an eligible temporary lapse in service need for which child care is not needed.*

#### **APPROVED LEAVE DEFINITION**

*Approved Leave is an approved temporary lapse in service need during which child care is not needed yet eligibility is maintained.*

### TYPES OF APPROVED LEAVE

Approved Leave situations may include:

- Child Protective Services (See Child Protective Services pages 54 and 55.)
- Maternity Leave
- Non-Permanent Employees
- Post-Secondary Education
- Secondary Education
- Temporary Change in Physical Custody
- Temporary Medical Condition



#### 2.8.2 APPROVED LEAVE SERVICE NEED CODE POLICY

*An Applicant and/or Co-Applicant who has a service need of Approved Leave will have a Service Need Code appropriate for their permanent service need.*



#### 2.8.3 APPROVED LEAVE AT REAUTHORIZATION POLICY

*An Applicant or Co-Applicant completing reauthorization at a time when they are not actively participating in their service need will be required to complete an income update 8 weeks after returning to their activity, if applicable.*

### APPROVED LEAVE

#### ◀ CHILD PROTECTIVE SERVICES ▶

A service need of Approved Leave is established when an active or non-active Applicant or Co-Applicant provides proof of a valid service for Child Protective Services, but has yet to

obtain physical custody of the eligible child(ren). This period may not exceed six weeks in duration. (See Child Protective Service pages 54 and 55.)



#### **2.8.4 CHILD PROTECTIVE SERVICE NEED POLICY**

*An Applicant or Co-Applicant who does not have physical custody of their biological or step-child with a CPS case plan, but who is eligible for CCDF benefits with a service need of Child Protective Services may be placed in "Approved Leave" for the period of time needed to establish family reunification. This period may not exceed six (6) weeks in duration.*

SERVICE  
NEED

### **STEPS FOR APPROVED LEAVE FOR CHILD PROTECTIVE SERVICE**

The Intake Agent shall follow the procedures below:

- STEP 1 Obtain documentation to verify service need (See Child Protective Services pages 54 and 55.)
- STEP 2 Complete Authorization
- STEP 3 Establish an Approved Leave Voucher for six (6) weeks
- STEP 4 Establish a voucher using Pending Provider for the remainder of the subsidy period
- STEP 5 Complete case using appropriate situation below:
  - Obtain proof of placement and establish appropriate vouchers with CCDF Eligible Provider beginning Sunday following placement; **or**
  - Delete the Pending Provider vouchers and terminate the AIS case.

## **APPROVED LEAVE ◀ MATERNITY LEAVE ▶**

A service need of Approved Leave is established when an active Applicant or Co-Applicant provides proof of pregnancy or birth. The current eligible child's voucher may be placed in Approved Leave status for a period which does not exceed sixteen (16) weeks.

### **APPROPRIATE DOCUMENTS TO VERIFY MATERNITY LEAVE**

One of the following is appropriate documentation to verify a service need of Approved Leave, Maternity:

- **Applicant or Co-Applicant with employment as service need**
  - ✓ Proof of Pregnancy or Birth; **and**
  - ✓ A written statement, including signature and date, from the employer indicating Applicant or Co-Applicant has been assured of returning to their employment; **or**
  - ✓ Verification the Applicant or Co-Applicant is on Family Medical Leave; **or**
  - ✓ Statement from the self-employed Applicant or Co-Applicant stating their desired duration of non-participation in business, trade or profession.
- **Applicant or Co-Applicant with training/education as a service need**
  - ✓ Proof of Pregnancy or Birth; **and**
  - ✓ Proof of future education/training status upon return from maternity leave (See pages 56-58 for appropriate documentation.)

- **Applicant with CPS as a service need**
  - ✓ Proof of Pregnancy or Birth; and
  - ✓ A complete current CPS caseworker referral upon physician's release.

## APPROVED LEAVE

### ◀ NON-PERMANENT EMPLOYEE ▶

A service need of Approved Leave is established when an active Applicant or Co-Applicant provides proof of non-permanent employment. The current eligible child(ren)'s vouchers may be placed in Approved leave status for a period which does not exceed sixteen (16) weeks.

#### ***NON-PERMANENT EMPLOYEE DEFINITION***

*A non-permanent employee is defined as an employee who is knowingly hired to perform services for less than twelve (12) consecutive months, i.e. Secondary School Employees, Head Start Employees, etc.*

### **APPROPRIATE DOCUMENTS TO VERIFY NON-PERMANENT EMPLOYMENT LEAVE**

The following is appropriate documentation to verify a service need of Approved Leave, Non-Permanent Employment:

- Written statement from Applicant or Co-Applicant's current employer including:
  - ✓ Company letterhead (In lieu of letterhead, statement must include company EIN or company business card.)
  - ✓ End date of current employment status
  - ✓ Begin date of future employment status
  - ✓ Signature and date

The Approved Leave period begins the Sunday following the end date of current employment status and ends the Saturday before future employment status begins. The Applicant may be given an eight (8) week voucher following their future employment date without reauthorization.

### **NON-PERMANENT EMPLOYMENT EXCLUSION**

An Applicant or Co-Applicant who is self-employed is not eligible for Approved Leave as a result of Non-Permanent Employment.

## APPROVED LEAVE

### ◀ POST SECONDARY EDUCATION ▶

A service need of Approved Leave is established when an active Applicant or Co-Applicant provides proof of enrollment as a student in a post-secondary education or training program

currently on break. The current eligible child's vouchers may be placed in Approved Leave for a period not to exceed sixteen (16) weeks.

### **APPROPRIATE DOCUMENTS TO VERIFY POST-SECONDARY EDUCATION LEAVE**

The following is appropriate documentation to verify a service need of Approved leave, Post-Secondary Education:

- ✓ Proof of duration of break in education/training (See Appropriate Documents to Verify Service Need pages 56-58.) **and**
- ✓ Proof of future enrollment (See Appropriate Documents to Verify Service Need pages 56-58.)

## **APPROVED LEAVE ◀ SECONDARY EDUCATION ▶**

A service need of Approved Leave is established when an active or *non-active* Applicant or Co-Applicant provides proof of enrollment as a student in a secondary education/training program currently on break with the intent to return to the secondary education/training program. The eligible child's voucher may be placed in Approved Leave for a period not to exceed sixteen (16) weeks.

#### **SECONDARY EDUCATION DEFINITION**

*Secondary education is defined as enrollment in an elementary, middle, junior or senior high school program, excluding those students being home schooled or participating in distance learning.*

### **APPROPRIATE DOCUMENTS TO VERIFY SECONDARY EDUCATION LEAVE**

The following is appropriate documentation to verify a service need of Approved Leave, Secondary Education:

- A completed CCDF Secondary Education Student Verification Form

## **APPROVED LEAVE ◀ TEMPORARY CHANGES IN PHYSICAL CUSTODY ▶**

A change in physical custody occurs when an eligible child is temporarily residing outside the Applicant or Co-Applicant's CCDF Household due to a formal or non-formal custody agreement, other than foster care. The eligible child's voucher may be placed in Approved Leave status for a period which does not exceed sixteen (16) weeks after which time the eligible child must have returned to the Applicant or Co-Applicant's CCDF Household to re-establish CCDF benefits.

## APPROPRIATE DOCUMENTS TO VERIFY A TEMPORARY CHANGE IN PHYSICAL CUSTODY

One of the following is appropriate documentation to verify a service need of Approved Leave, Temporary Change in Physical Custody:

- A copy of a formal custody agreement which includes:
  - ✓ CCDF child's name
  - ✓ Frequency and duration of visitation
- A written statement from the Applicant which includes:
  - ✓ CCDF child's name
  - ✓ Duration of visitation
  - ✓ Person with whom the CCDF child will be residing
  - ✓ Applicant signature and date

## APPROVED LEAVE

### ◀ TEMPORARY MEDICAL CONDITION ▶

A service need of Approved Leave is established when an active Applicant or Co-Applicant provides proof of a Temporary Medical Condition which prohibits participation in their current service need, but is able to care for their children. The eligible child's voucher may be placed in Approved Leave for a period of time not to exceed sixteen (16) weeks.



#### 2.8.5 TEMPORARY MEDICAL CONDITION EXCEPTION POLICY

*A new Applicant or Co-Applicant may be enrolled when one custodial adult is actively participating in their service need and the other custodial adult has an approved Temporary Medical Condition.*

#### **TEMPORARY MEDICAL CONDITION DEFINITION**

*A Temporary Medical Condition is defined as a condition which would not be considered permanent by a physician, medical practitioner or Social Security Administration and prevents the person's ability to work, attend school and/or seek employment.*

## APPROPRIATE DOCUMENTS TO VERIFY TEMPORARY MEDICAL LEAVE

One of the following is appropriate documentation to verify a service need of Approved Leave, Temporary Medical Condition:

***PLEASE NOTE:*** *This policy may apply if the Applicant or Co-Applicant is the primary caregiver of their spouse or their child within a CCDF Household.*

- **Applicant or Co-Applicant with employment as service need**
  - ✓ A written statement, including signature and date, from physician indicating the Applicant or Co-Applicant is unable to participate in current service need including duration; **and**
  - ✓ A written statement, including signature and date, from employer indicating the Applicant or Co-Applicant has been assured of returning to their employment; **or**
  - ✓ Verification the Applicant or Co-Applicant is on Family Medical Leave; **or**
  - ✓ Statement from the self-employed Applicant or Co-Applicant stating the duration of non-participation in business, trade or profession
- **Applicant or Co-Applicant with training/education as a service need**
  - ✓ A written statement, including signature and date, from physician indicating the Applicant or Co-Applicant is unable to participate in current service need including duration; **and**
  - ✓ Proof of future education/training status upon physician's release (See Appropriate Documentation to Verify a Service Need pages 56-58.)
- **Applicant or Co-Applicant with job search as a service need**
  - ✓ A written statement, including signature and date, from physician indicating the Applicant or Co-Applicant is unable to participate in current service need including duration; **and**
  - ✓ A completed job search form upon release.
- **Applicant with CPS as a service need**
  - ✓ A written statement, including signature and date, from physician indicating the Applicant or Co-Applicant is unable to participate in current service need including duration; **and**
  - ✓ A complete current CPS caseworker referral upon physician's release.

## SERVICE NEED TYPE

### 2.9 CHILD PROTECTIVE SERVICES (SERVICE NEED #4)



#### **2.9.1 CHILD PROTECTIVE SERVICES SERVICE NEED POLICY**

*A service need of Child Protective Services is established when an active or inactive Applicant or Co-Applicant provides verification from the local Department of Child Services indicating the Applicant and Co-Applicant need child care outside of their home.*

#### **APPROPRIATE DOCUMENTATION TO VERIFY CHILD PROTECTIVE SERVICES**

The following is appropriate documentation to verify a service need of Child Protective Services.

- A written statement from the CPS caseworker indicating:
  - ✓ The child(ren) are living with their biological or adoptive parent
  - ✓ The child(ren) need care outside of the home
  - ✓ Duration of need not to exceed 6 months
  - ✓ Amount of care needed per week
  - ✓ CPS caseworker's contact information



#### **2.9.2 CPS SERVICE AND FINANCIAL NEED POLICY**

*The service and financial need requirements are waived for children who have been referred by the CPS caseworker as needing out of home care as part of the CPS case plan.*

#### **APPROPRIATE AUTHORIZATION DOCUMENTATION FOR A CPS CASE**

All of the following documentation must be obtained at time of application:

- Applicant and Co-Applicant identification from approved source (See Appropriate Documents to Verify Identity page 44)
- Child(ren)'s identification and date of birth from approved source (See Appropriate Documents to Verify Identity page 40 or 45.)
- Residency verification from approved source (See Appropriate Documents to Verify Residency page 36.)
- Complete CPS Caseworker Referral (See Appropriate Documentation to Verify Child Protective Services above.)
- Completed Provider Information Page



## CHILD PROTECTIVE SERVICES EXCEPTIONS



### 2.9.3 CHILD PROTECTIVE SERVICE EXCEPTION POLICY

*An Applicant or Co-Applicant who has physical custody of a child with a CPS case plan who is not their biological child or step-child is not eligible for CCDF benefits with service need of Child Protective Services.*

**PLEASE NOTE:** *This Applicant or Co-Applicant may be eligible for CCDF benefits; however, they must demonstrate a valid service and financial need. The CCDF Applicant and Co-Applicant's priority will not be CPS.*



### 2.9.4 CHILD PROTECTIVE SERVICE APPROVED LEAVE POLICY

*An Applicant or Co-Applicant who does not have physical custody of their biological or step-child with a CPS case plan, but who is eligible for CCDF benefits with a service need of Child Protective Services may be place in "Approved Leave" for the period of time needed to establish family reunification. This period may not exceed six (6) weeks in duration.*

## SERVICE NEED TYPE

### 2.10 EDUCATION AND TRAINING PROGRAMS

#### SERVICE NEED #2



#### 2.10.1 EDUCATION OR TRAINING SERVICE NEED POLICY

*A service need of Education/Training is established when an Applicant and/or Co-Applicant provide proof of participation in a certified or accredited Education/Training organization or institution occurring inside or outside of the home, unless otherwise indicated.*

#### TYPES OF EDUCATION OR TRAINING PROGRAMS

Any of the following may be appropriate training and education activity:

- Adult Basic Education
- Clinical, Internship, Externship or Practicum
- Community Work Experience or CWEP (*TANF Impact participants only*)
- English as a Second Language (ESL)
- General Education Degree (GED)
- Job Readiness (*TANF Impact participants only*)
- Post Secondary Education (including Distance Learning)
- Vocational Training
- Work/Study

#### APPROPRIATE SOURCES TO VERIFY IF AN EDUCATIONAL OR TRAINING PROGRAM IS ACCREDITED OR CERTIFIED

Any of the following are appropriate sources to verify if an educational or training program is accredited or certified by a recognized organization.

- [www.chen.org](http://www.chen.org)
- [www.detc.org](http://www.detc.org)
- [www.doe.in.gov](http://www.doe.in.gov) (secondary learning institutions)
- [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- [www.in.gov/core/education.html](http://www.in.gov/core/education.html) (secondary learning institutions)
- [www.in.gov/cpe](http://www.in.gov/cpe)
- [www.in.gov/ssaci/2334.htm](http://www.in.gov/ssaci/2334.htm)
- <https://mylicense.in.gov/everification> (select search for facility, business. . . )
- [www.ope.ed.gov/accreditation](http://www.ope.ed.gov/accreditation)

Proof of accreditation or certification should be verified and documented for a non-public institution.

## EDUCATION AND TRAINING EXCLUSIONS



### 2.10.2 POST SECONDARY EDUCATION LIMIT POLICY

*Non-TANF Impact households are eligible to receive CCDF benefits when post secondary education is their only service need, unless the Applicant or Co-Applicant has received one 4 year degree, 2 associate degrees or received CCDF benefits for 16 cumulative semesters/terms. When calculating time, include all training programs beyond high school, including trade programs, vocational programs and etc.*

**PLEASE NOTE:** *In accordance with regulations for TANF, if a TANF Impact Applicant or Co-Applicant chooses to attend an undergraduate degree program or training that cannot be approved by Impact; they must apply for CCDF benefits in the same manner as any other Non-TANF Impact household.*

### APPROPRIATE DOCUMENTATION FOR A SECOND ASSOCIATE DEGREE

- ✓ Proof of first Associate Degree
- ✓ Appropriate School Enrollment Documentation

### DOCUMENTING POST SECONDARY EDUCATION DURATION

To successfully manage an Applicant or Co-Applicants education eligibility, the Intake Agent must enter each semester's information into the tracking mechanism in AIS. Each semester or term enrolled will apply to the cumulative total despite successful completion.

#### **EDUCATIONAL TERM DEFINITION**

*For educational programs with single course terms for full-time students or terms with no identified course begin or end dates, each semester or term shall be counted by 16 week intervals.*

◀ADULT BASIC EDUCATION▶  
 ▶ENGLISH AS A SECOND LANGUAGE (ESL)▶  
 ▶GENERAL EDUCATION DEGREE (GED)▶  
 ▶POST-SECONDARY EDUCATION▶  
 ▶VOCATIONAL TRAINING▶  
 ▶WORK STUDY▶

### APPROPRIATE DOCUMENTATION FOR THE ABOVE SERVICE NEED

The following information must be provided to verify a service need of Education or Training Service Need for the above. This may be obtained using one or more documents.

- ✓ Student Name (may be verified and documented by the Intake Agent)
- ✓ School Name (may be verified and documented by Intake Agent)

- ✓ Credit Hours and/or Hours of Participation, *excluding TANF Impact Applicants or Co-Applicants*
- ✓ Semester Dates or Begin and End Dates, if applicable, *excluding TANF Impact Applicants or Co-Applicants*

This information may be in the form of one or more of the following:

- A complete TANF Impact Referral
- A Registration Form
- School Schedule which may be printed from School Website
- Written Statement on Institution Letterhead signed by a representative

## ◀CLINICAL, EXTERNSHIP, INTERNSHIP / PRACTICUM▶

### APPROPRIATE DOCUMENTATION TO VERIFY A SERVICE NEED OF CLINICAL/EXTERNSHIP /INTERNSHIP/PRACTICUM

The following information must be provided to verify a service need of Clinical / Practicum / Internship or Externship.

- ✓ Student Name (may be verified and documented by Intake Agent)
- ✓ School Name (may be verified and documented by Intake Agent)
- ✓ Type of Activity
- ✓ Hours of Participation
- ✓ Activity Begin and End Date (This is considered a semester/term.)

This information may be in the form of one or more of the following:

- A current Registration Form
- School Schedule which may be printed from School Website
- Current written Statement on Institution Letterhead signed by Instructor
- Course syllabus which includes identifying class information

## ◀CWEP OR JOB READINESS▶

### APPROPRIATE DOCUMENTATION TO VERIFY A SERVICE NEED OF CWEP OR JOB READINESS

- ✓ An appropriately documented TANF Impact referral

## ◀SECONDARY EDUCATION▶

### APPROPRIATE DOCUMENTATION TO VERIFY A SERVICE NEED OF SECONDARY EDUCATION

One of the following must be provided to determine a service need of secondary education:

- ✓ A completed CCDF Secondary Education Student Verification Form
- ✓ A complete TANF Impact Referral

# SERVICE NEED TYPE

## 2.11 EMPLOYMENT

### SERVICE NEED #1

#### **EMPLOYMENT SERVICE NEED DEFINITION**

*A service need of employment is established when an Applicant or Co-Applicant provides proof of monetary compensation for labor or services performed for another person or organization which constitutes their usual means of livelihood.*

#### **EMPLOYEE DEFINITION**

*An employee is a person who works in the service of another person under an express or implied contract of hire, under which the employer has the right to control the details of work performance. (Blacks Law Dictionary)*

**PLEASE NOTE:** *If an Applicant or Co-Applicant is unable to provide verification of complete current period's income due to date of hire, the Applicant or Co-Applicant is considered newly employed. (See New Employment Section page 66 and 67.)*

### **TYPES OF EMPLOYMENT ACTIVITIES**

Employment can include any of the following:

- Americorps
- Applicant Job Search
- Employment (Working)
- Job Search
- New Employment
- On-the-Job Training
- New Self Employment
- Self Employment

### **EMPLOYMENT**

### ◀ **AMERICORPS** ▶



#### **2.11.1 AMERICORPS POLICY**

*A service need of AmeriCorps is established when a CCDF Applicant or Co-Applicant provides proof of participation as an AmeriCorps member.*

**AMERICORPS DEFINITION**

*AmeriCorps is a federally funded network of partnerships with local and national non-profit groups which utilize public service to address critical needs in the community.*

**APPROPRIATE DOCUMENTS TO VERIFY AMERICORPS**

The following is appropriate documentation to verify a service need of AmeriCorps:

- A current written statement from the Applicant or Co-Applicant's AmeriCorps sponsor including:
  - ✓ AmeriCorps sponsor letterhead
  - ✓ Term of Service
  - ✓ Hours of Service
  - ✓ AmeriCorps sponsor signature

**EMPLOYMENT****◀ APPLICANT JOB SEARCH (AJS) ▶****DETERMINING AN APPLICANT JOB SEARCH (AJS) REFERRAL IS COMPLETE**

An Applicant Job Search (AJS) referral may be received by fax, email, inter-office mail or in person. It is the responsibility of the Intake Agent to verify the referral is complete prior to completing the application.

The following criteria must be met to determine a referral is complete.

- ✓ All of the referral is *current* based on the TANF Impact caseworker's signature (completion) date
- ✓ A complete Applicant Job Search (AJS) referral has been received for each CCDF Adult Household Member unless there is another verified service need.
- ✓ The referral includes all of the following information:
  - Applicant Name
  - Telephone Number, if applicable
  - Complete Address
  - TANF Case Number
  - Job Search as the *only* activity marked in Box A
  - Activity Begin and End Date
  - "Applicant Job Search" or "AJS" indicated in general comments
  - Hours needed for Job Search clearly indicated in general comments
  - Signed or Electronically Transmitted
  - Local Impact Caseworker contact information has been provided
  - Signature (Completion) Date of Impact Caseworker
  - ICES WPA1 screen is included



### 2.11.2 AJS APPOINTMENT POLICY

*If a complete Applicant Job Search referral has been received, the Intake Agent must make an appointment available to the AJS Applicant or Co-Applicant within five (5) business days of Applicant or Co-Applicant contact. The AJS referral provides proof of service need and residency, the remaining required documentation must be supplied by the AJS Applicant or Co-Applicant.*

## EMPLOYMENT

### ◀ EMPLOYMENT (WORKING) ▶

#### **CONTRACT EMPLOYEE DEFINITION**

*A Contract Employee is an individual who may select their own hours and days they will work in another individual's business, trade or profession. Unlike a self-employed individual, they do not assume any of their risks associated with business ownership. These individuals would document their wages as an employee.*

### APPROPRIATE DOCUMENTS TO VERIFY EMPLOYMENT

At least one of the following is an appropriate document to verify a service need of employment:

- A current pay stub including the following information:
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Hours worked, if hours worked is absent, the documented hourly rate of pay may be utilized to determine hours worked or a completed wage detail form.
  - ✓ Gross wages, if pay stub(s) is missing, the year to date may be utilized to calculate income for the missing pay date
  - ✓ Date received, if the date is absent, the Applicant or Co-Applicant must declare and document the date received on the verifying document
- Cancelled check (front and back) with the following information:
  - ✓ Employer's Name imprinted in the upper left corner of the check
  - ✓ Applicant or Co-Applicant's name appears in the "Pay to the Order of" line
  - ✓ A current date is recorded on the date line on the front of the check
  - ✓ The amount paid is clearly visible on the front of the check
  - ✓ The check has been fully negotiated (cashed) as evidenced on the back of the cancelled check by the depositing financial institution; **and**
  - ✓ A complete Wage Detail Form
- A computer generated Wage History Summary provided by the employer which includes:
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Hours worked, if hours worked is absent, the documented hourly rate of pay must be utilized to determine hours worked
  - ✓ Gross wages
  - ✓ Date received, if the date received is absent, the Applicant or Co-Applicant must declare and document the date received on the verifying document
  - ✓ Identifying information for the Employer

- Completed State Form 54092 received directly from the DFR which provided wage information for the current period.
- A complete TANF Impact Referral for Applicant and Co-Applicant, if applicable
- A statement of earnings from The Work Number ([www.theworknumber.com](http://www.theworknumber.com)) verifying current wages.

## VERIFICATION OF PARTIAL PAY CYCLE

### ***PARTIAL PAY CYCLE DEFINITION***

*A Partial Pay Cycle is income documentation which does not represent an entire pay cycle for the current period due to no work conducted or payment received. In example, less than four (4) pay stubs if paid weekly or two (2) pay stubs if paid bi-weekly or semi-monthly.*

Verification of a **Partial Pay Cycle** may be for reasons including, but not limited to, the following:

- New employment with a single pay stub
- Vacation leave
- Sick leave
- Plant shut down

In these situations, the Intake Agent must verify the absence of pay either by:

- Year-to-Date Wages; or
- Completed Wage Detail
- Written statement from the employer on company letterhead. In lieu of letterhead, statement must include company EIN number or company business card.

In addition, the Intake Agent must issue only an eight (8) week voucher. An income update must be completed and the Applicant and Co-Applicant determined income eligible before additional vouchers are issued. However, if an appropriately documented Foster Applicant and/or Co-Applicant provides proof of a partial pay cycle and is satisfied with the hours authorized, the application may be authorized for 26 weeks.



### **2.11.3 CONSECUTIVE PARTIAL PAY CYCLE POLICY**

*If an Applicant or Co-Applicant, excluding appropriately documented Foster Applicant, is unable to verify an entire pay cycle for more than two consecutive subsidy periods, the Applicant and Co-Applicant will not be re-authorized.*

## EMPLOYMENT IN A CHILD CARE

### **ADDITIONAL DOCUMENTS REQUIRED WHEN APPLICANT WORKS FOR THEIR CHILD'S PROVIDER**

The following is required documentation for child care employment:



- A current written statement from the facility owner/director indicating:
  - ✓ Applicant or Co-Applicant will not be responsible for their own child(ren) for any part of the child care day, including the Applicant or Co-Applicant's presence in the same room or outdoor play area; **and**
  - ✓ This written statement must be:
    - Signed and dated by the owner/director
    - Signed and dated by the Applicant or Co-Applicant who is the employee.



#### 2.11.4 CCDF ELIGIBLE PROVIDERS FOR EMPLOYEES OF A CHILD CARE.

*If the CCDF eligible provider is a:*

- *Licensed center, the Applicant or Co-Applicant must document they will not be responsible for their own child any time during the child care day.*
- *Legally license exempt facility, including a registered child care ministry, the Applicant or Co-Applicant must document they will not be responsible for their own child anytime during the child care day.*
- *Licensed child care home, the Applicant or Co-Applicant must not work at the home where their child attends.*
- *Legally license exempt home, the Applicant or Co-Applicant must not work at the home where their child attends.*

**PLEASE NOTE:** An Applicant or Co-Applicant **cannot** be paid to care for their own child.

## EMPLOYMENT ◀ JOB SEARCH ▶



#### 2.11.5 JOB SEARCH ACTIVITIES POLICY

*A service need of job search includes verified participation in one or more of the following activities:*

- *Employment workshops, job clubs or job fairs*
- *Researching job opportunities in the classified ads or other publications, including internet research*
- *Face-to-face contacts with potential employers*
- *Completing and following up on job applications*
- *Completing job interview*
- *Registering for work at an employment agency*
- *Completing pre-employment requirements*



#### 2.11.6 NEW APPLICANT JOB SEARCH EXCLUSION POLICY

*A new non-TANF Impact Applicant is not eligible for job search at initial application.*

**PLEASE NOTE:** The policy above applies to any Applicant who has not participated in the CCDF program in the previous 90 days with a service need other than job search.



### **2.11.7 JOB SEARCH ELIGIBILITY EXCLUSION POLICY**

*If an active TANF Impact client or AJS client becomes an inactive TANF Impact client or AJS client, the Applicant or Co-Applicant is not eligible for CCDF benefits with job search as a service need.*

A TANF Impact or AJS Client's status may be reported to the Intake Agent as inactive (no longer participating) through a TANF No-Match Report, the Impact Caseworker or self-declared by the Applicant or Co-Applicant.



### **2.11.8 JOB SEARCH LIMIT EXCLUSION POLICY**

*A non-TANF Impact Applicant and/or Co-Applicant is eligible for thirteen (13) cumulative weeks per 12 month period of job search beginning one day after loss or completion/withdrawal from an education program. If employment is not obtained CCDF benefits will be terminated.*

## **JOB SEARCH ELIGIBILITY AFTER APPROVED LEAVE**

### **APPROPRIATE JOB SEARCH ELIGIBILITY DOCUMENTATION AFTER APPROVED LEAVE**

To determine job search eligibility for an Applicant or Co-Applicant with a previous service need of approved leave, the following documentation must be provided.

- A written request from the Applicant or Co-Applicant

## **JOB SEARCH ELIGIBILITY AFTER EMPLOYMENT**

### **APPROPRIATE JOB SEARCH ELIGIBILITY DOCUMENTATION AFTER EMPLOYMENT**

To determine job search eligibility for an Applicant or Co-Applicant with a previous service need of employment, one of the following documents must be provided.

- The Applicant or Co-Applicants last pay stub
- A written statement from the Applicant or Co-Applicant's former employer including:
  - ✓ Company letterhead (In lieu of letterhead, statement must include company EIN number or company business card.)
  - ✓ Date Terminated
  - ✓ Employer Signature
- Termination Notice or "Pink Slip"
- Verification of claim for Unemployment Insurance
- Copy of a letter of resignation which includes:

- ✓ Employer Name
- ✓ Employer Address
- ✓ Date of Resignation
- ✓ Signature of Applicant or Co-Applicant

## **JOB SEARCH ELIGIBILITY AFTER SELF-EMPLOYMENT**

### **APPROPRIATE JOB SEARCH ELIGIBILITY DOCUMENTATION AFTER SELF-EMPLOYMENT**

To verify job search eligibility for an Applicant or Co-Applicant with a previous service need of self-employment, the following documentation must be provided.

- A written statement from the Applicant and/or Co-Applicant which includes:
  - ✓ Last date service provided through their business, trade or profession
  - ✓ Signature of the self-employed Applicant and/or Co-Applicant

## **JOB SEARCH ELIGIBILITY AFTER EDUCATION/TRAINING COMPLETION**

### **APPROPRIATE JOB SEARCH ELIGIBILITY DOCUMENTATION AFTER EDUCATION OR TRAINING COMPLETION**

To verify completion of an education/training program, one of the following documents must be provided.

- Diploma
- Certificate of Completion
- A written statement from the education /training institute which includes:
  - ✓ Institutional letterhead
  - ✓ Date of completion
  - ✓ Signature of institution representative

## **JOB SEARCH ELIGIBILITY AFTER WITHDRAWAL EDUCATION/TRAINING**

### **APPROPRIATE JOB SEARCH ELIGIBILITY DOCUMENTATION AFTER WITHDRAWAL FROM AN EDUCATION OR TRAINING PROGRAM**

To verify withdrawal from an education/training program, one of the following documents must be provided to determine the start date of job search.

- Institution's document of withdrawal
- Institution's transcript with previous semester grades
- School schedule from most recent semester with a current print date
- Institution's report card with previous semester grades, student name and institution may be verified and documented by Intake Agent

- A written statement from the education/training institute which includes;
  - ✓ Institutional letterhead
  - ✓ Date of withdrawal

## JOB SEARCH (ALL) DOCUMENTATION AFTER VERIFICATION OF ELIGIBILITY

### APPROPRIATE DOCUMENTS TO VERIFY A SERVICE NEED OF JOB SEARCH

Any of the following are appropriate documents to verify Job Search as a service need:

- A completed and signed CCDF Job Search form for the Applicant and/or Co-Applicant, including attachment; or
- A completed TANF Impact Referral for the Applicant and/or Co-Applicant; or
- A completed TANF Applicant Job Search Referral for the Applicant and/or Co-Applicant

### STEPS TO COMPLETE JOB SEARCH AUTHORIZATION

- STEP 1 Verify the date of loss of service need.
- STEP 2 Determine if Applicant or Co-Applicant is eligible for job search based on date of loss and submitted eligibility documentation.
- STEP 3 Applicant or Co-Applicant, who will be participating in job search, completes CCDF Job Search form
- STEP 4 Enter Job Search Begin Date in AIS beginning with one day after loss of service need based on documentation provided.
- STEP 5 Before the end of the thirteenth (13<sup>th</sup>) week of Job Search, verify the Applicant or Co-Applicant has obtained new employment or terminate the application.
- STEP 6 Complete an income update after eight (8) weeks of new service need.
- STEP 7 Enter the Job Search End Date in AIS as the date of termination or start date of new service need.

**PLEASE NOTE:** *The Applicant's child care authorization shall remain as authorized for their previous active service need for the duration of Job Search. Additionally, an income update will not be completed until new employment is obtained and/or reauthorization has occurred.*

## EMPLOYMENT

### ◀NEW EMPLOYMENT▶



#### 2.11.9 NEW EMPLOYMENT SERVICE NEED POLICY

*A Service need of new employment is established when a CCDF Applicant or Co-Applicant is not able to provide income from their present employer due to date of hire.*

**APPROPRIATE DOCUMENTS TO VERIFY NEW EMPLOYMENT**

The following is appropriate documentation to verify a service need of New Employment.

- A written statement from the Applicant or Co-Applicant's current employer including:
  - ✓ Company Letterhead (In lieu of letterhead, statement must include company EIN or company business card.)
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Date Hired
  - ✓ Anticipated Hours per Week
  - ✓ Employer Signature

**APPROPRIATE DOCUMENTS TO VERIFY NEW SELF EMPLOYMENT**

The following is appropriate documentation to verify a service need of New Self Employment.

- A statement of profit or loss for the previous calendar month with a start date less than eight (8) weeks old which may indicate zero (0) revenue.

**2.11.10 NEW EMPLOYMENT AT REAUTHORIZATION POLICY**

*If an Applicant or Co-Applicant with a prior service need of employment is unable to provide proof of wages for the previous 30 days at reauthorization, the Applicant or Co-Applicant must provide proof of last day worked with a ten (10) day notice, if applicable. A gap in service need of more than ten (10) calendar days will result in non-compliance and possible repayment of child care benefits paid on their behalf. (See "Failure to Report a Required Change.")*

**EMPLOYMENT****◀ON-THE-JOB TRAINING▶****ON-THE-JOB TRAINING DEFINITION**

*On-The-Job Training is defined as an employee training at the place of work while he or she is doing the actual employment.*

**2.11.11 ON-THE-JOB TRAINING POLICY**

*A service need of on-the-job training is established when an Applicant or Co-Applicant provides proof of training at their place of work with no monetary compensation.*

**APPROPRIATE DOCUMENTS TO VERIFY ON-THE-JOB TRAINING**

The following is appropriate documentation to verify a service need of On-The-Job Training and **must** receive prior approval from The Office:

- A written statement from the Applicant or Co-Applicant's current employer including:
  - ✓ Company Letterhead (In lieu of letterhead, statement must include company EIN or company business card.)
  - ✓ Start Date
  - ✓ Duration of Training Period
  - ✓ Anticipated Hours of Training per Week
  - ✓ Statement indicating this training is being conducted without compensation
  - ✓ Employer signature

## EMPLOYMENT

### ◀SELF EMPLOYMENT▶

#### ***SELF EMPLOYMENT DEFINITION***

*A service need of self-employment is established when an Applicant and/or Co-Applicant provide proof of revenue directly from their own business, trade or profession which may take place in or out of the home. These individuals have control over all aspects of their business. They are responsible for the delivery of services, the invoicing of services, the collection of revenue, and all other risks associated with business ownership. An Applicant and/or Co-Applicant whose self-employment activity started less than eight (8) weeks earlier may not be able to provide proof of income. Therefore, it should be treated as new employment.*

### **APPROPRIATE DOCUMENTS TO VERIFY SELF-EMPLOYMENT FOR NON- TANF IMPACT APPLICANT/CO-APPLICANT**

The following are appropriate documents to verify a service need of Self-Employment:

- ✓ A statement of profit or loss for the previous calendar month; **and**
- ✓ An IRS Tax Transcript which includes a Schedule C or for a partnership Form 1065 and Schedule K (requested using IRS form 4506T-EZ), for the previous tax year, unless the business is a new business and has not been required to file a Tax Return to date; **or**
- ✓ Evidence of request for IRS Tax Transcript (IRS form 4506T-EZ); **or**
- ✓ A completed IRS tax form 4868, Automatic (6 month) Extension of Time to File US Individual Income Tax, or an IRS acknowledgement of completed (6 month) extension transaction, and an IRS tax form, Schedule C, for the tax year prior to the extension, unless the business was too new to file the previous year.

***PLEASE NOTE:*** *An Applicant or Co-Applicant must provide a Tax Transcript with a Schedule C, when appropriate, or they may not be authorized and/or reauthorized. If the documentation listed above is not obtainable, a formal written request including suggested appropriate document must be submitted to The Office for prior written approval.*

## APPROPRIATE DOCUMENTS TO VERIFY SELF-EMPLOYMENT FOR TANF IMPACT APPLICANT/CO-APPLICANT

- ✓ A complete TANF referral only



### 2.11.12 CHILD CARE SELF-EMPLOYMENT (OWNER/LICENSEE) POLICY

*In situations where the Applicant and/or Co-Applicant is also a child care owner, and child care is requested **outside** of their facility or home, the following applies:*

- *Legally license exempt home providers are not eligible*
- *For profit legally license exempt facility owners are eligible*
- *Licensed child care center owners are eligible*
- *Licensed child care home providers are eligible when their own child(ren) are age seven (7) or younger.*

## EMPLOYMENT ◀TANF IMPACT▶

### APPROPRIATE DOCUMENT TO VERIFY TANF IMPACT EMPLOYMENT

The following is the only appropriate document to verify a service need of TANF Impact Employment:

- ✓ A completed TANF Impact referral for the Applicant or Co-Applicant

## SERVICE NEED TYPE

### 2.12 INCAPACITATED

A service need of Incapacitation is established when an Applicant or Co-Applicant provides verification from a physician indicating the Applicant or Co-Applicant is unable to participate in a service need and incapable of caring for their own children.

#### **INCAPACITATION DEFINITION**

*Incapacitated is defined as an Applicant or Co-Applicant who has a medical condition that prevents him/her from participating in their service need and is unable to care for their child(ren), as verified by a physician's statement. This condition may be permanent or temporary. Temporary incapacitation may not exceed thirteen (13) weeks.*

### **APPROPRIATE COMPOSITION**

#### **FOR AN INCAPACITATED APPLICANT AND/OR CO-APPLICANT HOUSEHOLD**

To be eligible for CCDF subsidy with a service need of incapacitation, the Applicant and Co-Applicant must match one of the combinations below:

**PLEASE NOTE:** When determining initial CCDF eligibility, one custodial adult must be actively participating in an approved service need.

#### **TWO CUSTODIAL ADULTS WITHIN A CCDF HOUSEHOLD**

- One custodial adult actively participating in their service need and one custodial adult incapacitated (either temporarily or permanently) and unable to participate in their service need.
- One custodial adult temporarily incapacitated and unable to participate in their service need and one custodial adult permanently incapacitated and unable to participate in their service need permanently.
- Both active custodial adults temporarily incapacitated and unable to participate in their service need.
- One active custodial adult on Approved Leave and one custodial adult incapacitated (either temporarily or permanently) and unable to participate in their service need.

#### **SINGLE CUSTODIAL ADULT WITHIN A CCDF HOUSEHOLD**

- The custodial adult is *temporarily incapacitated* and temporarily unable to participate in their service need.

### **APPROPRIATE DOCUMENTATION TO VERIFY TEMPORARY INCAPACITATION**

The following is appropriate documentation to verify a service need of Temporary Incapacitation:



- A current written statement, including signature and date, from physician indicating the Applicant or Co-Applicant is unable to participate in current service need including the duration and a statement indicating they are unable to care for their own children; **and**
- A current written statement, including signature and date, from employer indicating the Applicant or Co-Applicant has been assured of returning to their employment; **or**
- Verification the Applicant or Co-Applicant is on Family Medical Leave; **or**
- Statement from the self-employed Applicant or Co-Applicant stating the duration of non-participation in business, trade or profession; **or**
- Proof of future training/education status upon physician's release (See pages 56 - 58 for appropriate documentation.)

**PLEASE NOTE:** A custodial adult who has a service need of Temporary Incapacitation will have a Service Need Code appropriate for their permanent service need.

### **APPROPRIATE DOCUMENTATION TO VERIFY PERMANENT INCAPACITATION**

The following is appropriate documentation to verify a service need of Permanent Incapacitation:

A current written statement, including signature and date, from physician indicating:

- ✓ Applicant or Co-Applicant is unable to participate in a service need
- ✓ Applicant or Co-Applicant is incapable of caring for their child(ren)
- ✓ The incapacitation is permanent

**PLEASE NOTE:** A custodial adult who is permanently Incapacitated will have the same Service Need Code as the active custodial adult.

## **INCAPACITATION ◀MATERNITY▶**

A service need of Maternity Incapacitation is established when a Applicant or Co-Applicant provides proof of pregnancy or proof of birth and the Applicant or Co-Applicant intends to utilize child care for the period of time, not to exceed thirteen (13) weeks, when they will not be participating in their service need.

### **APPROPRIATE DOCUMENTATION WHEN REPORTED PRIOR TO LEAVE**

The following is appropriate documentation when Maternity Incapacitation is reported prior to the leave:

- Proof of pregnancy from a medical professional; **and**
- Statement from their employer indicating they have been assured of returning to their employment; **or**
- Verification of Family Medical Leave (FMLA); **or**
- Statement from the self-employed Applicant or Co-Applicant stating their desired duration of non-participation in business, trade or profession; **or**
- Proof of future education/training status when the period of non-participation ends. (See pages 56 – 58) for appropriate documentation.); **or**

**APPROPRIATE DOCUMENTATION WHEN REPORTED DURING LEAVE**

The following is appropriate documentation when Maternity Incapacitation is reported during the period of non-participation:

- Proof of pregnancy from a medical profession or proof of birth (See pages 40 and 45) for appropriate birth documentation); **and**
- Statement from their employer indicating they have been assured of returning to their employment; **or**
- Verification of Family Medical Leave (FMLA); **or**
- Statement from the self-employed Applicant or Co-Applicant stating their desired duration of non-participation in business, trade or profession; **or**
- Proof of future education/training status when the period of non-participation ends. (See pages 56 - 58 for appropriate documentation.)

**APPROPRIATE DOCUMENTATION WHEN REPORTED AFTER LEAVE**

The following is appropriate documentation when Maternity Incapacitation is reported after the period of non-participation:

- Proof of birth (See pages 40 and 45) for appropriate birth documentation); **and**
- Current pay stub; **or**
- Written statement from employer verifying their return to employment. (See New Employment documentation on page 67); **or**
- Statement from the self-employed Applicant or Co-Applicant stating when they re-started their participation in business, trade or profession; **or**
- Proof of enrollment in a training/education program. (See pages 56 – 58 for appropriate documentation.)

## **SERVICE NEED TYPE**

### **2.13 TANF IMPACT REFUGEE**

CCDF Applicants or Co-Applicants participating in the TANF Impact Refugee program document their service need by providing the local Intake Agent with a complete valid TANF Impact Refugee referral.

#### **DETERMINING IF A TANF IMPACT REFERRAL IS COMPLETE**

A TANF Impact Refugee referral may be received by fax, email, or in person. It is the responsibility of the Intake Agent to verify the referral is complete prior to completing the application.

The following criteria must be met to determine if a referral is complete:

- ✓ The referral is current based on the signature date of the Refugee Caseworker; and
- ✓ A complete TANF Impact referral, Applicant Job Search, or Refugee referral has been received for each CCDF adult household member unless there is another verified service need; and
- ✓ The TANF Impact Refugee Referral includes all of the following:
  - Applicant Name
  - Applicant Complete Address
  - Applicant phone number, if available
  - Activity clearly marked
  - Activity begin and end date
  - “Refugee” indicated in general comments
  - Hours of care needed clearly indicated in general comments
  - Impact exemption expiration clearly indicated in the general comments
  - Signed or electronically transmitted
  - Refugee Caseworker contact information has been provided
  - Signature (completion) date of Refugee Caseworker
  - A United States Department of State, Bureau of Population, Refugee, and Migration identity document is included
- ✓ Upon authorization, completion or expiration of referral, Intake Agent should complete Section B of the referral and return to Refugee Caseworker.

#### **COMPLETING TANF IMPACT REFUGEE’S APPLICATION**

A complete TANF Impact Refugee referral is adequate proof of:

- ✓ An Applicant’s identity; and
- ✓ A Co-Applicant’s identity; and
- ✓ A child’s identity and date of birth; and
- ✓ An eligible child’s citizenship status; and
- ✓ Residency; and
- ✓ Service need.

The Applicant must provide proof of financial need.

- ✓ If the Applicant's or Co-Applicant's activity is employment, appropriate documentation of wage must be provided.
- ✓ If the Applicant is receiving TANF benefits, appropriate documentation of TANF must be provided.

## **AUTHORIZING CHILD CARE WITH A TANF IMPACT REFUGEE REFERRAL**

When all required documentation has been provided, the Intake Agent may establish subsidy for the eligible child(ren).



### **2.13.1 TANF IMPACT REFUGEE SUBSIDY BEGIN DATE POLICY**

*The subsidy begin date for a TANF Impact Refugee Applicant and Co-Applicant may be no more than two weeks prior to the application date and may not be prior to the activity begin date.*



### **2.13.2 TANF IMPACT REFUGEE SUBSIDY END DATE POLICY**

*The subsidy end date for a TANF Impact Refugee Applicant or Co-Applicant must be the lesser of the identified activity end date or TANF Impact expiration date indicated on a valid TANF Impact Refugee referral or fifteen (15) weeks. **NOTE:** Should the TANF Impact expiration date exceed fifteen (15) weeks, a data change request may be completed to request a subsidy end date which coincides with the expiration date.*



### **2.13.3 HOURS OF CARE FOR A TANF IMPACT REFUGEE APPLICANT POLICY**

*Total hours of care for a TANF Impact Refugee Applicant or Co-Applicant should be based on the hours stated on the valid TANF Impact Refugee referral.*

**PLEASE NOTE:** All other CCDF Policies apply to an Applicant and Co-Applicant participating through the TANF Impact Refugee program.

## **ENTERING A TANF IMPACT REFUGEE APPLICATION IN AIS**

- STEP 1 Select priority of TANF Impact
- STEP 2 Mark the appropriate check box "Refugee". This will allow a subsidy period of fifteen (15) weeks.
- STEP 3 Complete the application entry, as required.
- STEP 4 If the TANF Impact exemption date exceeds fifteen (15) weeks; submit a data change request to obtain a subsidy end date which coincides with the expiration date.
- STEP 5 Match to the appropriate RID number. The Applicant and Co-Applicant should have an existing valid RID number.

## FINANCIAL NEED

### 2.14 COUNTABLE INCOME

In addition to meeting service need criteria, Applicants and Co-Applicants must also demonstrate a financial need.

#### **FINANCIAL NEED DEFINITION**

*Financial need is defined as a CCDF household whose current gross monthly income from all countable sources falls below the established federal poverty guideline percentages determined by the Office.*

To determine a CCDF Household's current gross monthly income, all income received by CCDF Household Members must be evaluated and counted toward eligibility, when appropriate.



#### **2.14.1 POVERTY GUIDELINE POLICY**

*CCDF poverty guidelines are established based on the number in the CCDF Household and income level from all countable sources to determine whether an Applicant is income eligible for the CCDF program. However, some CCDF Household Member's income may be excluded.*

### ◀ CCDF HOUSEHOLD INCOME EXCLUSIONS ▶



#### **2.14.2 HOUSEHOLD MEMBER UNDER 18 INCOME POLICY**

*Any earned income of a CCDF Household Member under the age of 18, excluding emancipated minors and minor parents, is not counted toward eligibility.*



#### **2.14.3 FOSTER FAMILY INCOME POLICY**

*The income of an appropriately documented foster family is exempt for purposes of CCDF eligibility. (See Foster Family Documentation page 41.)*



#### **2.14.4 CHILD PROTECTIVE SERVICE INCOME POLICY**

*The income of an appropriately documented Child Protective Services family is exempt for purposes of CCDF eligibility. (See Child Protective Service pages 54 and 55.)*

## ◀COUNTABLE SOURCES▶

### APPROPRIATE SOURCES AND DOCUMENTATION FOR COUNTABLE INCOME

#### **GROSS CCDF HOUSEHOLD INCOME DEFINITION**

*For purposes of CCDF eligibility, gross CCDF household income is defined as total income from all countable sources prior to taxes and after income exclusions and adjustments (as stated in the CCDF Policy Manual) received by each identified CCDF Household Member in the current period.*

Total income is determined by calculating all gross income, prior to taxes and qualifying deductions, received in the current period from all countable sources from each identified CCDF Household Member. Identifying information must be included on the document and may include name, nickname, social security number, partial social security number, etc.

#### **CURRENT DEFINITION**

*For purposes of CCDF eligibility, current is defined as a previous 30 day period which may include Applicant or Co-Applicant signature date on State Form 805 or CCDF Parent/Applicant Worksheet unless otherwise stated.*

## COUNTABLE INCOME

### ◀CHILD SUPPORT / SPOUSAL MAINTENANCE▶

Child Support is money paid on a regular basis by a non-custodial parent for the benefit of his or her child, which include direct payments and payments via the clerk of the circuit courts and/or the Division of Family Resources, Child Support Bureau. Maintenance is an allowance paid to one spouse by the other for support pending or after separation or divorce.

#### **CHILD SUPPORT ADJUSTMENTS**

- If the child for whom child support is received is not listed on the application, the child support is not counted.
- If the paying non-custodial adult is listed on the application, the child support would not be counted.

#### **APPROPRIATE DOCUMENTATION TO VERIFY CHILD SUPPORT / SPOUSAL MAINTENANCE**

- ✓ A completed CCDF Child Support / Maintenance Declaration form signed with a current date, excluding properly documented CPS or Foster CCDF Households.

**PLEASE NOTE:** An AEFUI is not an appropriate documentation source for Child Support.

## COUNTABLE INCOME

### ◀ EARNED INCOME (WAGES OR SALARY) ▶

Earned income is payments for labor or services usually according to a contract and on an hourly, daily, salaried, commission or piecework basis. For purposes of CCDF eligibility, earned income is counted using current wages prior to taxes and after qualifying deductions.

#### EARNED INCOME ADJUSTMENTS

- More than 4 weekly, 2 bi-weekly, or one monthly payment shall be excluded from current earned income
- Advance Pay is counted when received and not when deducted including, salary, commissions, sick or vacation pay
- Health/Dental/Vision Insurance Benefits which are considered part of gross income are not counted when there is an opposing deduction.

#### APPROPRIATE SOURCES TO VERIFY EARNED INCOME

One of the following is appropriate verification of earned income.

- A current pay stub including the following information:
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Hours worked, if hours worked is absent, the documented hourly rate of pay may be utilized to determine hours worked or completed wage detail form.
  - ✓ Gross wages, if pay stub(s) is missing, the year to date may be utilized to calculate income for the missing pay date
  - ✓ Date received, if the date is absent, the Applicant or Co-Applicant must declare and document the date received on the verifying document
- Cancelled check (front and back) with the following information:
  - ✓ Employer's Name imprinted in the upper left corner of the check
  - ✓ Applicant or Co-Applicant's name appears in the "Pay to the Order" line
  - ✓ Current date is recorded on the date line on the front of the check
  - ✓ Amount paid is clearly visible on the front of the check
  - ✓ The check has been fully negotiated (cashed) as evidenced on the back of the cancelled check by the depositing financial institution; **and**
  - ✓ An accompanying complete Wage Detail form
- A computer generated Wage History Summary provided by the employer which includes:
  - ✓ Identifying information for the Employer
  - ✓ Identifying information for the Applicant or Co-Applicant
  - ✓ Hours worked, if hours worked is absent, the documented hourly rate of pay must be utilized to determine hours worked
  - ✓ Gross wages
  - ✓ Date received, if the date received is absent, the Applicant or Co-Applicant must declare and document the date received on the verifying document
- Completed State Form 54092 received from the DFR which provided wage information for the current period.
- AEINC screen from a complete TANF Impact referral, regardless of age, for the Applicant or Co-Applicant

- A statement of earnings from The Work Number, a wage verification service utilized by specific employers, for the Applicant or Co-Applicant. See [www.theworknumber.com](http://www.theworknumber.com) to register for this service.

## CALCULATING EARNED INCOME

### TANF IMPACT APPLICANTS

#### STEPS TO DETERMINE COUNTABLE EARNED INCOME USING AEINC

STEP 1 Find "MONTHLY INCOME" on screen.

STEP 2 Enter the amount as stated regardless of the date.

**PLEASE NOTE:** *If a TANF Impact client supplies current pay stubs, they may be used to determine current earned income. However, the AEINC screen must still be included for the TANF referral to be considered valid.*

### TIPPED EMPLOYEES AS APPLICANTS

#### STEPS TO DETERMINE COUNTABLE TIPPED INCOME

When determining wages for tipped employees with documented tips on their pay stub or self declared tips, the Applicant and/or Co-Applicant must complete a CCDF Tipped Employee Worksheet for each pay stub used for income determination during the current period.

This total of the CCDF Tipped Employee Worksheets for the current period **must be** equal or greater than total hours worked (based on pay stubs) multiplied by minimum wage. If total wages are less than minimum wage, then income is figured by using the following formula:

$$\text{Wages} = \text{Total Hours Worked} \times \text{Minimum Wage.}$$

## PARTIAL PAY CYCLE

### **PARTIAL PAY CYCLE DEFINITION**

*Partial Pay Cycle is income documentation which does not represent an entire pay cycle for the current period. In example, less than four (4) if paid weekly or two (2) if paid bi-weekly or semi-monthly.*

If less than 4 weekly, 2 bi-weekly or one monthly payment is received, the Applicant or Co-Applicant must document the absence of pay for the partial pay cycle which may be due to any of the following:

- New employment with a single pay stub
- Vacation leave
- Sick leave
- Plant shut down
- Other

### APPROPRIATE DOCUMENTS TO VERIFY PARTIAL PAY CYCLE

In these situations, the Intake Agent must verify the absence of pay either by:

- Year-to-Date Wages; **or**



- Completed Wage Detail
- Written statement from the employer on company letterhead. In lieu of letterhead, statement must include company EIN or company business card.

In addition, the Intake Agent must issue only an eight (8) week voucher. An income update must be completed and the Applicant and Co-Applicant determined income eligible before additional vouchers are issued. However, if an appropriately documented Foster Applicant and/or Co-Applicant provides proof of a partial pay cycle and is satisfied with the hours authorized, the application may be authorized for 26 weeks.

## COUNTABLE INCOME

### ◀ EARNED INCOME (SELF EMPLOYMENT) ▶

Self-employed earned income is revenue received directly from an Applicant or Co-Applicant's own business, trade or profession minus business expenses declared by Applicant or Co-Applicant. Applicants and Co-Applicants must be able to demonstrate collection of revenue from self-employment; however, an operating loss may be incurred and is reported as zero on the application, State Form 805. An Applicant or Co-Applicant may be asked by the Office to provide documentation of gross receipts and expenses.

#### APPROPRIATE SOURCES TO VERIFY SELF-EMPLOYMENT INCOME

*See Service Need Section for complete self-employment documentation needed for authorization.*

- A statement of Profit / Loss for the previous calendar month which will be documented as income in AIS; or
- AEISE screen from a complete TANF Impact referral, regardless of age, for the Applicant or Co-Applicant

#### STEPS TO DETERMINE SELF-EMPLOYMENT INCOME USING AEISE

- STEP 1 Determine INC TYPE
- STEP 2 Add all OI (Income Received) for the reported month. If amount is listed as MO (monthly) it is entered as stated. If amount is listed as WK (weekly) each week in the month reported would be counted or the weekly amount would be multiplied by four (4). (Please refer to Income and Expense Code Sheet to determine applicable codes.)
- STEP 3 Subtract all EI (Expenses Incurred) within the month reported from the Income. (Please refer to your Income/Expense Code Sheet to determine applicable codes.)
- STEP 4 Enter the sum in dollars and cents in AIS. If this amount is a negative, a zero will be entered.

**PLEASE NOTE:** Intake Agent must identify the Applicant's or Co-Applicant's declared self-employment activity. If it is determined self-employment is providing the service of child care, applicable CCDF policies apply.

## COUNTABLE INCOME

### ◀LUMP SUM PAYMENTS ▶

#### **LUMP SUM DEFINITION**

*Lump Sum Payments is money paid through life insurance, inheritances, lawsuit settlements, gambling/lottery winnings, severance payments from previous employer, retention bonuses from current employer, annual employment bonus, etc. are to be annualized, unless otherwise stated.*

#### **APPROPRIATE DOCUMENTS TO VERIFY LUMP SUM PAYMENTS**

- Pay Stub, including employer documentation of lump sum (bonus) frequency
- Check Stub or record of direct deposit
- Current documentation from issuing authority
- Court Record of Lawsuit or Inheritance Settlement

#### **STEPS TO DETERMINE LUMP SUM INCOME**

- STEP 1 Determine the amount of the lump sum as documented on appropriate source of verification
- STEP 2 Deduct any documented legal expenses
- STEP 3 Divide the remaining sum by twelve (12)
- STEP 4 Enter the sum in dollars and cents in (AIS) and include as income for the next twelve (12) months

## COUNTABLE INCOME

### ◀OTHER▶

When other sources of income such as dividends, short term disability, investment income, and etc. are received, the gross receipts shall be counted.

#### **APPROPRIATE DOCUMENTS TO VERIFY OTHER INCOME**

- Declaration
- Pay Stub
- Current Documentation from issuing agency
- Tax statement
- Other appropriate source of documentation

## COUNTABLE INCOME

### ◀PENSIONS AND ANNUITIES ▶

Pensions and annuities are paid to a retired person or his/her survivors by a former employer or union either directly or through an insurance company.

**APPROPRIATE DOCUMENTS TO VERIFY PENSION & ANNUITY PAYMENTS**

- Pay Stub
- Award Letter from issuing agency
- Current Documentation from issuing agency

**COUNTABLE INCOME****◀Benefits paid to a PROTECTIVE PAYEE ▶**

If benefits are issued in someone else's name but for use by the Applicant or Co-Applicant, then the income must be counted. (I.E. Social Security, Veteran's Benefits, etc.)

***PLEASE NOTE:** If this income is for a foster child, it is not counted toward eligibility.*

**APPROPRIATE DOCUMENTS TO VERIFY BENEFITS PAID TO A PROTECTIVE PAYEE**

- A written statement, including signature and date, from the Protective Payee declaring monthly benefit amount, or
- A written statement, including signature and date, from the Applicant or Co-Applicant declaring monthly benefit amount.

**COUNTABLE INCOME****◀RENTAL▶**

Rental income received from property owned by the Applicant and/or Co-Applicant is considered countable income. Monthly rental income less applicable mortgage payment, which may include escrow payment, is entered as "Other Income Counted".

**APPROPRIATE SOURCES TO VERIFY RENTAL INCOME**

- Valid rental agreement; **and**
- Current mortgage statement, if applicable

**COUNTABLE INCOME****◀SOCIAL SECURITY INCOME (All Types) ▶**

Social Security Income is money paid to an individual as cash assistance who is age qualified, a survivor of a qualified individual, a permanently disabled individual or an individual retired from the railroad. For purposes of CCDF eligibility, Social Security Income is counted prior to taxes and after qualifying deductions.

**APPROPRIATE DOCUMENTS TO VERIFY SOCIAL SECURITY INCOME**

- Award letter from issuing agency for the current benefit year which can be more than 12 months old
- Current documentation from issuing agency
- An AEFUI screen which is not more than twelve (12) months old

**CALCULATING SOCIAL SECURITY INCOME****STEPS TO DETERMINE IF THE AWARD LETTER IS APPROPRIATE DOCUMENTATION**

STEP 1 Determine the following dates:

- ✓ Date of award letter
- ✓ Payment from and through dates

STEP 2 Determine appropriate situation from the following:

- If the “Payment From/Begin Date” is prior to the CCDF application signature date, the Award Letter is consider to be appropriate documentation. or
- If the “Payment From/Begin Date” is after the CCDF application signature date, the Award Letter is not appropriate documentation.

**SOCIAL SECURITY INCOME EXCEPTIONS**

- Overpayments are counted when received not when withheld from benefits
- Lump Sum Social Security Income payments are not counted

**STEPS TO DETERMINE SOCIAL SECURITY INCOME**

STEP 1 Determine if the award letter is appropriate documentation.

STEP 2 Determine the countable benefit:

- ✓ Deduct any withholding for an overpayment
- ✓ Add any other documented deductions

STEP 3 Enter the amount in dollars and cents.

**COUNTABLE INCOME**

**◀TEMPORARY ASSISTANCE FOR NEEDY FAMILIES ▶  
(TANF)**

TANF is money paid as cash assistance to an adult in the assistance group.

**APPROPRIATE SOURCES TO VERIFY TANF INCOME**

- Award letter from issuing agency which is not more than twelve (12) months old
- An IQAE screen from a complete TANF Impact referral, regardless of age, for the Applicant or Co-Applicant
- An IQAE screen which is not more than twelve (12) months old

- Screen print from [www.ifcem.com](http://www.ifcem.com) or other state supported website with a current print date which can be verified and documented. The “Current Month Amount” will be entered as TANF income.

#### **STEPS TO DETERMINE TANF BENEFITS USING IQAE**

- STEP 1 Determine your current period
- STEP 2 (*Reading from top to bottom*) Find the first line with “STAT” of OPEN, if no OPEN skip to step 4
- STEP 3 Determine the appropriate situation from the following:
  - If there is no “DATE END” and the “DATE BEGIN” is not a future date, use this amount as TANF benefit.
  - If there is a “DATE END” with a “DATE BEGIN” and the “STAT” is “OPEN”, use this amount as the TANF benefit if the Applicant or Co-Applicant signature date falls within the open period.
- STEP 4 If the “STAT” is PEND or CLOSED, TANF benefit will be entered as zero.

### **COUNTABLE INCOME**

#### **◀UNEARNED INCOME FOR A TANF IMPACT CASE ▶**

Unearned income is income received by a TANF Impact Applicant or Co-Applicant from a source other than employment and TANF cash benefit.

#### **APPROPRIATE DOCUMENTS TO VERIFY UNEARNED INCOME (TANF)**

- AEFUI screen from a complete TANF Impact referral, regardless of age, for the Applicant or Co-Applicant; or
- Other appropriate documentation, as stated in this section, if a complete TANF Impact referral has also been provided

### **CALCULATING UNEARNED INCOME**

#### **STEPS TO DETERMINE UNEARNED INCOME (TANF) USING AEFUI**

- STEP 1 Determine the current period by using date income was received.
- STEP 2 Find the column “INC TYPE”
- STEP 3 Determine the appropriate situation from the following:
  - INC TYPE with CS, CH or CP indicates Child Support. This type is verified by a completed and signed CCDF Child Support / Maintenance Declaration form.
  - INC TYPE with UI indicated Unemployment Insurance. This type is verified by Uplink Claim Homepage or current documentation from the approving authority.
  - INC TYPE other than CS, CH, CP, or UI would be counted. Proceed to Step 4.
- STEP 4 Find the column “BGT MTD”
- STEP 5 Determine the appropriate situations from the following:

## STEP 6

## STEP 7

- If there is a “R” in the column, the income is counted as directed in Step 6.
  - If there is a “T” in the column, the income is excluded.
  - If there is an “F” in the column, the income is counted if it was received in the current period based on “OCCUR DATE” as directed in Step 6.
- Find the column “FRQ”
- Determine the countable income by using the appropriate “FRQ” code and the following list:
- Weekly (WK) – Multiply the amount by 4 and record as “Other Income Counted”
  - Semi-Monthly (SM) – Multiply the amount by 2 and record as “Other Income Counted”
  - Semi-Annually (SA) – Divide the amount by 6 and record as “Other Income Counted”
  - Quarterly (QT) – Divide the amount by 3 and record as “Other Income Counted”
  - One Time Only (OT) – Record in its entirety as “Other Income Counted” if the income was received in the current period
  - Monthly (MO) – Record in its entirety as “Other Income Counted”
  - Less Often – Periodic (LO) – Record in its entirety as “Other Income Counted” if received in the current period
  - Bi-weekly (BW) – Multiply the amount by 2 and record as “Other Income Counted”
  - Annually (AN) – Divide the amount by 12 and record as “Other Income Counted”

## COUNTABLE INCOME

### ◀ UNEMPLOYMENT ▶

Unemployment is money paid from government unemployment insurance agencies or private companies during the period of unemployment. For purposes of CCDF eligibility, Unemployment income is counted prior to taxes and after qualifying deductions.

#### APPROPRIATE SOURCES TO VERIFY UNEMPLOYMENT

- Uplink Claim Homepage which covers the current period payment from (<https://uplink.in.gov/CSS/CCSClaimHomePage.htm>)
- Current documentation from issuing agency

### CALCULATING UNEMPLOYMENT INCOME

#### UNEMPLOYMENT INCOME EXCEPTIONS

- If multiple payments are recorded for a single “Benefit Week/End Date”, only one “WBA” or “Weekly Benefit Amount” shall be counted.

- If an amount paid for a “Benefit Week/End Date” is zero, then the week will not be counted in determining income.
- If an Applicant or Co-Applicant is receiving reduced benefits, a “Voucher History Inquiry” may be provided by the approving authority to calculate benefits paid. This history must include: payment date, total benefit amount and actual payment.

#### **STEPS TO DETERMINE UNEMPLOYMENT USING CLAIM HOME PAGE**

- STEP 1 Determine the “WBA” or “Weekly Benefit Amount”. Utilize the UI Program amount until the benefits have been paid in full then utilize the EEUC Program amount until those benefits have been paid in full.
- STEP 2 Determine the number of “Benefit Week/End Date” in the current period
- STEP 3 Multiply the number of weeks by the “Weekly Benefit Amount”

#### **STEPS TO DETERMINE UNEMPLOYMENT USING VOUCHER HISTORY INQUIRY**

- STEP 1 Determine the “CWE” or Claim Week End dates which fall within the current period
- STEP 2 Determine the “CWE” week’s status.
- STEP 3 Determine the appropriate situation from the following:
  - If status is “PAY” the “Benefit Pay Amount” would be counted.
  - If status is “HOLD” or “OUTS” the “Benefit Pay Amount” would not be counted.

### **COUNTABLE INCOME**

### **◀ VETERAN’S BENEFITS ▶**

Veteran’s benefits are money paid by the Veteran’s Administration to disabled or retired members of the Armed Forces or to survivors of deceased veterans.

#### **APPROPRIATE SOURCES TO VERIFY VETERAN’S BENEFITS**

- Award Letter from issuing agency for the current benefit year which can be more than 12 months old
- Current Pay Stub or Electronic Deposit Verification
- Current documentation from issuing authority
- Benefit Amount obtained by Veteran Administration’s resource number (800)827-1000, may be verified and documented by Intake Agent

## COUNTABLE INCOME

### ◀ WORKER'S COMPENSATION ▶

Worker's compensation is money paid periodically from public or private insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not the employee.

#### APPROPRIATE SOURCES TO VERIFY WORKER'S COMPENSATION

- Pay stub
- Current documentation from issuing authority



## FINANCIAL NEED

### 2.15 EXEMPT INCOME

#### **EXEMPT INCOME DEFINITION**

*For purposes of CCDF eligibility, exempt income is defined as income received for limited use excluding child care, income received as reimbursements for expenses paid, income previously counted, and income received by a non-custodial adult. Exempt income includes, but is not limited to, food stamps, housing assistance, travel reimbursement, tax refunds/stimulus, foster care per diem, adoption assistance, and deductions for advance pay.*

#### ◀ **ADOPTION ASSISTANCE (COUNTY, STATE & FEDERAL)** ▶

Adoption assistance is money paid to the parent/guardian of an adopted child. This amount may be declared and is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY ADOPTION ASSISTANCE**

- Declaration

#### ◀ **CONTRIBUTIONS** ▶

A contribution is money paid from a source outside of the Applicant and Co-Applicant's CCDF Household with no intent to repay. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY CONTRIBUTIONS**

- Declaration

#### ◀ **EARNED INCOME CREDIT (EIC)** ▶

Earned Income Credit is money paid as a tax credit to certain low income families which may be advanced to the employee by the employer. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY EARNED INCOME CREDIT (EIC)**

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub

## ◀EMPLOYMENT REIMBURSEMENTS▶

Employment reimbursements are money paid for out-of-pocket expenses related to employment and reimbursed on an Applicant or Co-Applicant's pay stub. These payments could include reimbursement for mileage, per diem, meals, supplies, etc. This source of income is not counted toward financial eligibility.

### APPROPRIATE SOURCES TO VERIFY EMPLOYMENT REIMBURSEMENTS

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub

## ◀FOOD STAMPS▶

Food stamps are benefits paid to an individual for the purchase of nutritional items and to assist in providing adequate nutrition for their household. This source of income is not counted toward financial eligibility.

### APPROPRIATE SOURCES TO VERIFY FOOD STAMPS

- Declaration

## ◀FOSTER CARE PER DIEM▶

Foster Care Per Diem is money paid by the Family and Social Services Administration to the guardian of an individual considered a ward of the court for the purpose of providing for their immediate needs. This source of income is not counted toward financial eligibility and is not recorded on the CCDF application, State Form 805.

### APPROPRIATE SOURCES TO VERIFY FOSTER CARE PER DIEM

- Current documentation from the issuing authority

## ◀HOUSING ASSISTANCE/LIVING ALLOWANCE▶

Housing assistance/allowance are benefits provided to an individual to assist in providing adequate housing for their CCDF Household. This source of income is not counted toward financial eligibility. Examples: military housing allowance (BAH), HUD, and religious employment benefits.

### APPROPRIATE SOURCES TO VERIFY HOUSING ASSISTANCE / ALLOWANCE

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub

### ◀ **MILITARY BAS (Food Subsidy)** ▶

Military BAS is money paid for sustenance assistance to enlisted personnel and is documented on the Applicant or Co-Applicant's paystub. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY MILITARY BAS**

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub

### ◀ **MILITARY RELIEF FUND GRANT** ▶

A Military Relief Fund Grant is an emergency grant awarded by the Indiana Department of Veterans Affairs (IDVA) to families of deployed Indiana National Guard member or member of the Selected Reserves. The emergency grant may be used for food, housing, utilities, medical services and transportation. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY MILITARY RELIEF FUND GRANT**

- Declaration
- Current documentation from the issuing authority.

### ◀ **RETIREMENT EMPLOYER MATCH** ▶

The employer's contribution to retirement account such as 401K, deferred compensation or pension accounts is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY RETIREMENT EMPLOYER MATCH**

- Documented on the Applicant or Co-Applicant's pay stub

### ◀ **TAX REFUND AND/OR TAX STIMULUS PAYMENTS** ▶

Tax refunds or stimulus payments is money paid by the Internal Revenue Service. This source of income is not counted toward financial eligibility.

#### **APPROPRIATE SOURCES TO VERIFY TAX REFUND / STIMULUS**

- Declaration
- Documented on the Applicant or Co-Applicant's pay stub
- Current documentation from the issuing authority

## ◀ WORK/STUDY INCOME ▶

Work/Study income is money paid in the form of a grant for a student's participation in an education/training program. This source of income may be declared and is not counted toward financial eligibility.

### APPROPRIATE SOURCES TO VERIFY WORK/STUDY INCOME

One of the following is appropriate documentation to verify work/study income:

- Documented on the Applicant or Co-Applicant's pay stub
- Current documentation from the educational institution including:
  - ✓ Student Name
  - ✓ School Name
  - ✓ Employer Name
  - ✓ Start Date of Work/Study Program
  - ✓ End Date of Work/Study Program
  - ✓ Number of Participation Hours
  - ✓ Contact Information for Program Advisor

# **AUTHORIZATION**

## **SECTION 3**

## 3.1 AUTHORIZATION

Prior to authorization, the Intake Agent must determine the Applicant or Co-Applicant preliminarily eligible for the CCDF program.

### **AUTHORIZATION DEFINITION**

*Authorization is the process by which subsidy is determined for a CCDF Eligible Provider after information is obtained to document a CCDF Household's eligibility.*

Documentation which verifies the information required for application authorization should be copied, scanned and maintained in the Applicant's file at the Intake Agency or the Office. Prior to completing a CCDF application, the intake must determine if all necessary documentation is available to complete the application. If the Applicant or Co-Applicant is missing information, the application must be stopped and the Applicant or Co-Applicant given written documentation indicating the additional documentation required. A partial application may not be taken for any reason unless otherwise directed by the Office, in writing.

### **NEW APPLICANT DEFINITION**

*New Applicant is an individual applying for services who has not participated in the CCDF program for the previous 90 days.*



#### **3.1.1 FACE-TO-FACE INTERVIEW POLICY**

*An application authorization interview for a new Applicant and Co-Applicant must be conducted through a face-to-face interview.*

Subsequent application authorizations may be completed through various acceptable procedures which provide a method for collection of all appropriate documentation.

During the application authorization, the Intake Agent will enter relevant information into the Automated Intake Software (AIS). In addition, the Intake Agent will compile an Applicant and Co-Applicant file which must include all applicable documentation listed below:



#### **3.1.2 APPLICANT SIGNATURE POLICY**

*The signature of an applicant or co-applicant may be original or facsimile.*

**REQUIREMENTS FOR AN APPLICANT AND CO-APPLICANT FILE**

- ✓ Application, State Form 805, with all eligibility criteria complete
- ✓ Application, State Form 805, signed and dated by Applicant or Co-Applicant
- ✓ Application, State Form 805, signed by Intake Agent and dated with date of date entry into AIS
- ✓ All required verifications
- ✓ Signed Rights and Obligations Form

**3.1.3 FACE-TO-FACE APPLICATION SIGNATURE POLICY**

*During a face-to-face interview, the applicant or co-applicant must sign and date the application, State Form 805, upon completion of program authorization.*

**3.1.4 INTAKE AGENCY SIGNATURE POLICY**

*A complete application, State Form 805, must be signed by the CCDF Intake Agent upon completion of program authorization.*

- ✓ Current signed Provider Information Page (Facsimile signatures are acceptable.)
- ✓ Signed Hoosier Works for Child Care Card Authorization form
- ✓ Complete TANF Referral, if required
- ✓ A copy of the Pre-Voucher
- ✓ Other Documentation, as required

The application authorization process should provide for the collection of all relevant information to accurately complete the application, State Form 805, and ensure eligibility.

## 3.2 SUBSIDY BEGIN DATE

It is the responsibility of the Intake Agent to establish an appropriate subsidy period for each Applicant and Co-Applicant based on their service need and appropriate CCDF policies. The subsidy begin date is the date the eligible child(ren) may begin receiving CCDF services. To establish a subsidy begin date, the Applicant and Co-Applicant's participation must begin the week of or the week following the application completion date, unless otherwise stated. The subsidy begin date must be established based on:

- ✓ Begin Date of their Service Need
- ✓ The appropriate CCDF Policy below



### 3.2.1 SUBSIDY BEGIN DATE POLICY

*The Applicant and Co-Applicant must demonstrate a valid service need to establish a subsidy begin date.*



### 3.2.2 TANF IMPACT SUBSIDY BEGIN DATE POLICY

*The subsidy begin date for a TANF Impact Applicant and Co-Applicant may be no more than two weeks prior to the application date and may not be prior to the activity begin date .*



### 3.3 SUBSIDY END DATE

The subsidy end date is the date CCDF services will end, unless the Applicant or Co-Applicant completes the reauthorization process according to established policies and procedures. This date must be established based on the duration of the Applicant or Co-Applicant's service need, not to exceed six months, and the appropriate CCDF policy below:



#### 3.3.1 TANF IMPACT SUBSIDY END DATE POLICY

*The subsidy end date for a TANF Impact Applicant and Co-Applicant must be the lesser of the identified activity end date on a valid TANF Impact child care referral or fifteen (15) weeks.*



#### 3.3.2 AJS SUBSIDY END DATE POLICY

*The subsidy end date for an AJS (Applicant Job Search) Applicant and Co-Applicant must be the lesser of the identified activity end date on a valid AJS child care referral or six (6) weeks.*



#### 3.3.3 MAXIMUM SUBSIDY PERIOD POLICY

*A subsidy period, inclusive of the subsidy begin and end date, may not exceed 26 weeks in duration nor may it extend beyond the Applicant or Co-Applicant's documented service need, unless otherwise stated. This period must begin on a Sunday and end on a Saturday.*

### ◀ SHORTENED SUBSIDY END DATES ▶

In situations where the Intake Agent questions or anticipates a change in the Applicant or Co-Applicant's service need, a subsidy period of less than 26 weeks may be established to provide an opportunity to re-evaluate the Applicant or Co-Applicant's service need.



#### 3.3.4 SUBSIDY END DATE FOR JOB SEARCH

*The subsidy period for non-TANF Impact Applicant and Co-Applicant participating in Job Search must not exceed thirteen (13) cumulative weeks per twelve (12) month period beginning one day after loss of employment or completion/withdrawal from an education program.*



#### 3.3.5 SUBSIDY END DATE FOR GED

*The subsidy period for non-TANF Impact Applicant and Co-Applicant participating in Adult Basic Education (GED) may not exceed eight (8) weeks.*



### **3.3.6 SUBSIDY END DATE FOR PARTIAL PAY CYCLE**

*The subsidy period for a non-TANF Impact Applicant and Co-Applicant who are unable to demonstrate an entire pay cycle for their verified service need due to new employment or other circumstances must be eight (8) weeks in duration.*

## **◀ EDUCATION SUBSIDY END DATE OPTIONS ▶**

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### **3.3.7 SUBSIDY AND AUTHORIZATION END DATE FOR EDUCATION OR TRAINING PROGRAM**

*The authorization end date for a non-TANF Impact Applicant and Co-Applicant, whose only service need is enrollment in an accredited or certified educational program, must be the Saturday following the semester end date or term end date, if less than six (6) months. The subsidy end date may be the Saturday following the semester end date, term end date, or training completion date or the Saturday prior to the future semester start date or term date, if less than six (6) months.*

### **APPROPRIATE STEPS FOR A SUBSIDY END DATE MATCHING EDUCATIONAL OR TRAINING PROGRAM'S END DATE**

- STEP 1 Determine the semester or term's begin and end dates.
- STEP 2 End the subsidy the Saturday following the semester or term end date.
- STEP 3 When beginning the next sequence of the Applicant or Co-Applicant's subsidy, place the voucher in Approved Leave from the subsidy begin date until the Sunday prior to the semester or term begin date not to exceed sixteen (16) weeks.

### **APPROPRIATE STEPS FOR A SUBSIDY BEGIN DATE MATCHING FUTURE EDUCATIONAL OR TRAINING PROGRAM'S START DATE**

- STEP 1 Determine and verify the semester or term's begin and end dates.
- STEP 2 Determine and verify the begin date of the future semester or term
- STEP 3 End the subsidy the Saturday prior to the begin date of the future semester or term.
- STEP 4 Place the vouchers in Approved leave beginning the Sunday following the end date of the current semester or term not to exceed sixteen (16) weeks.

## **◀ SELF-EMPLOYMENT SUBSIDY END DATE ▶**

The subsidy period for a self-employed Applicant or Co-Applicant who has provided evidence of a Tax Transcript Request (IRS form 4506T-EZ) may not exceed eight (8) weeks.

The subsidy period for a self-employed Applicant or Co-Applicant who has filed an Automatic Extension of Time to File US Individual Income Tax, IRS form 4868, may not exceed six (6) months from the original IRS tax filing deadline. (I.E. If the IRS tax filing deadline was April 17, 2012, the subsidy end date for the Applicant or Co-Applicant may not exceed October 17, 2012.)

## 3.4 VOUCHER BEGIN DATE



### 3.4.1 SUBSIDY USAGE POLICY

*A CCDF Applicant or Co-Applicant must utilize child care services, for a specific child, for at least one week during an appropriately determined CCDF Subsidy Period.*

It is the responsibility of the Intake Agent to establish an appropriate voucher period for each Applicant and Co-Applicant based on their service need and appropriate CCDF policies. The voucher begin date is the date the eligible child(ren) **will** begin receiving services from a specific CCDF Eligible Provider. To establish a voucher begin date, the Intake Agent must consider:

- ✓ The Applicant and Co-Applicant's subsidy period; and
- ✓ The period of time child care is needed for a specific child; and
- ✓ Availability of their CCDF Eligible Provider; and
- ✓ The appropriate CCDF Policies.

#### **VOUCHER BEGIN DATE DEFINITION**

*The date a voucher is considered valid for reimbursement to a CCDF Eligible Provider. The first voucher begin date may be the same as the subsidy begin date unless the CCDF Applicant or Co-Applicant has requested alternate begin date or has been placed on Approved Leave.*

#### **VOUCHER END DATE DEFINITION**

*The date the voucher is no longer considered valid for reimbursement to a CCDF Eligible Provider.*

## 3.5 HOURS OF CARE

When authorizing child care subsidy, the service need must be entered as a unit of days and a unit of whole hours. The Intake Agent should choose the combination of days and hours which best meets the Applicant and Co-Applicant's needs. The Intake Agent should consider the impact of the Applicant and Co-Applicant's failure to utilize the voucher fully when creating vouchers. Applicants or Co-Applicants attending less than full-time will receive one-half of the authorized subsidy for a pay period unless the parent has used a personal day. Therefore, it is imperative an Applicant or Co-Applicant's subsidy is appropriately determined and accurately reflects documentation of service need at the time of application. Vouchers may be created with a full-time weekly charge, a daily charge or an hourly charge to accommodate the Applicant and Co-Applicant's situation.

### ◀ FULL TIME AUTHORIZATIONS ▶

#### **FULL TIME WEEKLY DEFINITION**

*Full-time Weekly is defined as care provided for 25 hours or more per week, Sunday through Saturday, for non-school age children or school-age other children when school is not in session or when care is required during non-traditional hours. For school age children, when school is in session, full-time weekly care is defined as fifteen (15) hours or more per week Sunday through Saturday.*

### NON-SCHOOL AGE AND SCHOOL AGE OTHER CHILDREN

#### **SCHOOL-AGE OTHER DEFINITION**

*School-age other care is defined as child care provided for a break in school which is greater than one (1) week, for care provided outside of Monday through Friday 6:00 am – 6:00 pm, and care provided to sick children.*

### SCHOOL AGE AND FULL DAY KINDERGARTEN

#### **FULL TIME WEEKLY SCHOOL-AGE DEFINITION**

*Full-time Weekly is defined as care provided for fifteen (15) hours or more per week, Sunday through Saturday, for school-age children when school is in session.*



### **3.5.1 FULL DAY KINDERGARTEN POLICY**

*A CCDF Eligible Child attending Kindergarten on a full-day basis is considered a School-Age child for purposes of authorization*

## **◀PART-TIME AUTHORIZATION▶**

If an Applicant or Co-Applicant is not eligible or does not request 25 hours or more of child care per week for Non-School Age or School Age Other Care or 15 hours or more for School-Age Care, the Intake Agent must determine if a daily or hourly voucher is appropriate.



### **3.5.2 PROVIDER CHARGES POLICY**

*A CCDF Intake Agent may not establish part-time charges for a CCDF Eligible Provider.*

#### **DAILY CARE DEFINITION**

*Daily care is defined as four (4) hours or more for non-school age and school-age other care and three (3) hours or more for school-age children during the school year.*

## **NON-SCHOOL AGE AND SCHOOL AGE OTHER CHILDREN DAILY AUTHORIZATION**

When an Applicant or Co-Applicant's daily child care need is equivalent to four (4) hours or more, a daily voucher may be established if the CCDF eligible provider has documented daily charges on the CCDF Provider Information Page. If a daily authorization is not appropriate, an hourly voucher must be established if the CCDF eligible provider has documented hourly charges on the CCDF Provider Information Page.



### **3.5.3 PROVIDER CHARGES POLICY**

*A CCDF Intake Agent may not establish part-time charges for a CCDF Eligible Provider.*

## **SCHOOL AGE AND FULL DAY KINDERGARTEN HOURLY AUTHORIZATION**

When an Applicant or Co-Applicant's child care need is less than 15 hours weekly, an hourly voucher may be established if the CCDF eligible provider has documented hourly charges on the CCDF Provider Information Page.



### 3.3.4 PROVIDER CHARGES POLICY

*A CCDF Intake Agent may not establish part-time charges for a CCDF eligible provider.*

## ◀PERSONAL DAYS▶



### 3.3.5 PERSONAL DAYS POLICY

*Personal Days are provided to children who are enrolled on a full-time weekly basis. These 20 days per enrollment year may be used at the parent's discretion for days when the provider was open for business and the child was scheduled to attend but did not attend any part of the day.*

When an Applicant or Co-Applicant has exhausted their twenty (20) personal days, the Applicant or Co-Applicant is responsible to pay for any days not reimbursed by CCDF subsidy per provider policy. Personal days may not be used to provide two week notices, therefore, any requirement for notice is between the Applicant or Co-Applicant and their provider.

### PERSONAL DAYS EXCEPTION

If a child with special health situations (i.e. prolonged illness or injury) has exhausted their personal days, the treating physician is to document the child's need for treatment and/or recuperation. This prescribed time may result in absences in excess of twenty (20) days. The Intake Agent may submit documentation for consideration requesting additional personal days to the CCDF Policy Consultant on behalf of the Applicant or Co-Applicant.

## ◀HOLIDAYS OR SCHEDULED DAYS OF CLOSURE▶

### ***HOLIDAY DEFINITION***

*Holidays are defined as a provider's six (6) chosen dates of closure per calendar year for which the child's attendance is credited as documented on the child's CCDF voucher.*



### 3.5.6 PROVIDER HOLIDAY ELIGIBILITY POLICY

*A provider is eligible to choose holidays if they have an established written policy to charge all consumers for days they are closed and the proper documentation has been submitted timely to the Central Reimbursement Office.*

**3.5.7 CHILD HOLIDAY ELIGIBILITY POLICY**

*A child is eligible for holiday attendance when they have electronically documented their attendance at least one day in the 21 days prior to the holiday.*



## 3.6 AUTHORIZING HOURS OF CARE

After reviewing all relevant information needed to complete the application, State Form 805, the Intake Agent (not the Applicant or Co-applicant) must determine the appropriate amount of child care.



### 3.6.1 DETERMINING HOURS OF CARE POLICY

*Total hours of care is determined by the amount of child care needed through evaluation of the Applicant and Co-Applicant's valid service need. This determination is based on the amount of time the Applicant and Co-Applicant has or will participate in their documented activity, their travel time to and from their activity and if applicable, their wages earned or the amount of time the Applicant anticipates they will spend studying.*

### THE FOLLOWING LIMITS APPLY WHEN AUTHORIZING HOURS OF CARE



### 3.6.2 WAGE AUTHORIZATION POLICY

*An Applicant or Co-Applicant's hours of care must be the lesser of:*

- 1. Gross wages divided by minimum wage*
- 2. Actual hours worked documented on wage documentation*
- 3. Employer declaration for new employment*
- 4. Total Revenue (self employment) divided by minimum wage*
- 5. Applicant/Co-Applicant declaration for new self employment*



### 3.6.3 MINIMUM HOURS OF AUTHORIZATION POLICY

*At a minimum the total hours of care in the appropriate combination of hours and days, must meet at least the lesser of the Applicant's or Co-Applicant's determined child care need.*



### 3.6.4 TRAVEL TIME AUTHORIZATION POLICY

*Travel time to and from the Applicant or Co-Applicant's activity must be requested by the Applicant or Co-Applicant and may not exceed ten (10) hours for full-time service need and five (5) hours for part-time service need.*



### 3.6.5 STUDY TIME AUTHORIZATION POLICY

*Study time must be requested and may not exceed two (2) hours per credit hour or two (2) hours per participation hour.*

## ANOTHER FACTOR TO CONSIDER WHEN DETERMINING HOURS OF AUTHORIZATION

- CCDF Eligible Provider's Hours of Operation compared to the Applicant or Co-Applicant's Hours of Need.

The Intake Agent must document their calculation of service need hours in the Applicant file. Sample worksheets may be found in the back of this manual.

## ◀AMERICORPS▶ AUTHORIZING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in Americorps. The Applicant or Co-Applicant must provide appropriate documentation of Americorps to receive child care subsidy. Child care subsidy can be authorized based on hours of service.

### DETERMINING HOURS OF CARE FOR AMERICORPS

Using the Sponsor Statement, the Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the documented hours of service.

Documented hours of service per week  
+ (*plus*) Requested travel time not to exceed ten (10) hours for full-time service need and five (5) hours for part-time child care need.

***PLEASE NOTE:*** 10 hours of travel may not be added to part-time service need to create full time child care need.

The equation provides the hours of authorization needed for service. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects participate in service.

## ◀APPROVED LEAVE▶ AUTHORIZING HOURS OF CARE

Child care subsidy will not be authorized for children when the Applicant or Co-Applicant has appropriately documented an Approved Leave, however, eligibility will be maintained.

### DETERMINING HOURS OF CARE BASED ON APPROVED LEAVE

Total hours of care for an Applicant or Co-Applicant returning from Approved Leave are equivalent to the total hours of care for the prior documented activity.

## ◀CHILD PROTECTIVE SERVICES▶ AUTHORIZING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant has appropriately documented a need of Child Protective Services.

### DETERMINING HOURS OF CARE BASED ON CHILD PROTECTIVE SERVICES

The Intake Agent shall authorize child care subsidy based on the information provided by the CPS caseworker. (*See Child Protective Services pages 54 and 55.*) The Applicant and Co-Applicant are not eligible for travel time.

## ◀EDUCATION AND TRAINING▶ AUTHORIZING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant are participating in an education or training program. The Applicant and Co-Applicant must provide appropriate documentation for their training or education program to receive child care subsidy. Child care subsidy can be authorized based on documented credit or participation hours as well as study and travel.

### DETERMINING HOURS OF CARE FOR TRAINING/EDUCATION

#### ➤ CREDIT HOURS

Using the Applicant or Co-Applicant's school documentation, the Intake Agent may calculate the Applicant or Co-Applicant's child care need based on enrolled credit hours.

Documented credit hours

- + (*plus*) Applicant or Co-Applicant's requested study time not to exceed two (2) hours per credit hour
- + (*plus*) Documented Clinical/Externship/Practicum/Internship hours
- + (*plus*) Requested travel time not to exceed ten (10) hours for full-time service need and five (5) hours for part-time service need.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

The equation provides the hours of authorization needed for education/training. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to participate in education/training.

#### ➤ PARTICIPATION HOURS

Using the Applicant and Co-Applicant's school documentation, the Intake Agent may calculate the Applicant or Co-Applicant's child care need based on enrolled participation hours.

- Documented participation hours
- + (*plus*) Applicant or Co-Applicant's requested study time not to exceed two (2) hours per participation hour
- + (*plus*) Documented Clinical/Practicum/Externship/Internship hours
- + (*plus*) Requested travel time not to exceed ten (10) hours for full-time service need and five (5) hours for part-time service need.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

The equation provides the hours of authorization needed for education/training. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects participate in education/training.

➤ **TANF IMPACT CLIENTS**

If the Applicant or Co-Applicant is a TANF Impact client participating in a education/training program, including Community Work Experience, the following policy applies:



**3.6.6 HOURS OF CARE FOR A TANF IMPACT APPLICANT POLICY**

*Total hours of care for a TANF Impact client should be based on a minimum of 30 hours unless otherwise indicated on the valid TANF Impact child care referral.*

## ◀EMPLOYMENT▶ AUTHORIZING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in an employment activity. The Applicant and Co-Applicant must be able to document the complete current period's income as well as hours worked in the current period before child care subsidy can be authorized. This income, however, may not represent an entire pay cycle. Therefore, the Intake Agent must determine the number of weeks worked in the current period.

### DETERMINING HOURS OF CARE BASED ON EMPLOYMENT

The Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the documented hours worked and wages earned on each job. The Applicant and Co-Applicant are eligible for child care hours **equal to the lesser** of the two following equations.

Total hours worked in the current period  
Divided by the number of weeks worked

The equation provides the possible hours of authorization for employment.

~ AND ~

If the hourly wage is not documented as exceeding minimum wage, the Intake Agent must also determine the Applicant and Co-Applicant's child care need based on their wages earned using the formula below.

STEP ONE:  $\frac{\text{Total wages earned in the current period}}{\text{Divided by current minimum wage}}$

STEP TWO:  $\frac{\text{The sum of the above equation}}{\text{Divided by the number of weeks worked}}$

To complete the authorization, the Intake Agent may add requested travel time not to exceed ten (10) hours for full-time service need and five (5) hours for a part-time service need. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant works to properly create an authorization. NOTE: Appropriately documented foster parents may be authorized by using a single pay stub in a current period.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

For TANF Impact employment authorization see Authorizing Hours of Care – TANF.

## HOURS OF CARE EXCEPTION



### 3.6.7 EVENING WORK HOURS EXCEPTION POLICY

*Applicants and Co-Applicants whose work hours cross over a midnight may request child care to provide an opportunity for rest if child care is not needed during work hours. The amount of child care authorized must correspond with their documented service need.*

## ◀ INCAPACITATION ▶ AUTHORIZING HOURS OF CARE

Child care subsidy authorized for children when the Applicant or Co-Applicant has appropriate documentation of incapacitation depends on their household composition:

### TWO CUSTODIAL ADULTS WITHIN A CCDF HOUSEHOLD

- If CCDF Household includes one custodial adult actively participating in their service need and one custodial adult incapacitated (either permanently or temporarily), the Intake Agent shall authorize child care subsidy equivalent to the total hours of care for the custodial adult actively participating in their service need.
- If CCDF Household includes one custodial adult temporarily incapacitated and one custodial adult permanently incapacitated, the Intake Agent shall authorize

child care subsidy equivalent to the total hours of care for the actively participating custodial adult's prior documented activity.

- If CCDF Household includes two custodial adults temporarily incapacitated, the Intake Agent shall authorize child care subsidy equivalent to the total hours of care for their prior documented activity.

#### **SINGLE CUSTODIAL ADULT WITHIN A CCDF HOUSEHOLD**

- The Intake Agent shall authorize child care subsidy equivalent to the total hours of care for their prior documented activity.

### **◀JOB SEARCH▶ AUTHORIZING HOURS OF CARE**

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in job search. The Applicant or Co-Applicant must provide appropriate documentation of Job Search to receive child care subsidy. The child care subsidy authorized will vary depending on the Applicant or Co-Applicant's priority.

#### **DETERMINING HOURS OF CARE FOR JOB SEARCH**

- **Non-TANF Impact**



#### **3.6.8 HOURS OF CARE FOR A NON-TANF IMPACT APPLICANT POLICY**

*Total hours of care for non-TANF Impact Applicant or Co-Applicant participating in job search is equivalent to the total hours of care for the prior documented activity.*

- **TANF Impact (See Authorizing Hours of Care TANF page 110.)**
- **TANF Applicant Job Search**



#### **3.6.9 HOURS OF CARE FOR A TANF AJS APPLICANT POLICY**

*Total hours of care for a TANF AJS Applicant or Co-Applicant should be based on the hours stated for job search indicated on the valid TANF AJS child care referral.*

### **◀NEW EMPLOYMENT▶ AUTHORIZING HOURS OF CARE**

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in an employment activity. A newly employed Applicant and Co-Applicant will not be able to document income, however, child care authorized is based on documentation of estimated hours to be worked.

**DETERMINING HOURS OF CARE FOR NEW EMPLOYMENT**

Using the Employer Statement, the Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the estimated hours to be worked per week.

Estimated hours to be worked in the current period  
 + (*plus*) Requested travel time not to exceed ten (10) hours for full-time service need  
 and five (5) hours for part-time service need.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

The equation provides the hours of authorization needed for new employment. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to work.

### ◀ON-THE-JOB TRAINING▶ AUTHORIZING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in on-the-job training. The Applicant and Co-Applicant must provide appropriate documentation of on-the-job training to receive child care subsidy. Child care subsidy can be authorized based on documented anticipated hours of training per week.

**DETERMINING HOURS OF CARE FOR ON-THE-JOB TRAINING**

Using the Employer Statement, the Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the estimated hours in training per week.

Estimated hours in training per week  
 + (*plus*) Requested travel time not to exceed ten (10) hours for full-time service need  
 and five (5) hours for part-time service need.

**PLEASE NOTE:** 10 hours of travel may not be added to part-time service need to create full time child care need.

The equation provides the hours of authorization needed for on-the-job training. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to participate in training.

### ◀SELF EMPLOYMENT▶ AUTHORIZING HOURS OF CARE

Child care subsidy may be authorized for children when the Applicant or Co-Applicant is participating in their self-employment activity. The Applicant and Co-Applicant must be able to document revenue in current period before child care subsidy can be authorized.

**DETERMINING HOURS OF CARE BASED ON NEW SELF-EMPLOYMENT**

The Applicant or Co-Applicant must declare the amount of child care needed on the Statement of Profit and Loss (Self-Employment form).

**DETERMINING HOURS OF CARE BASED ON SELF-EMPLOYMENT**

Using the monthly Statement of Profit and Loss, the Intake Agent must calculate the Applicant and Co-Applicant's child care need based on the following equation.

STEP ONE: 
$$\frac{\text{Total Revenue as stated on the Statement of Profit and Loss}}{\text{Divided by Minimum Wage}}$$

STEP TWO: 
$$\frac{\text{The sum of the above equation}}{\text{Divided by four (4)}}$$

The equation provides the hours of authorization needed for self-employment. The Intake Agent should then ask the average number of days per week the Applicant or Co-Applicant expects to participate in their activity.

**PLEASE NOTE:** *The Applicant and Co-Applicant are not eligible for travel time.*

**◀ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES ▶**  
**(TANF)**  
**AUTHORIZING HOURS OF CARE**

Child care subsidy may be authorized for children when the Applicant and/or Co-Applicant has provided a complete valid TANF Impact Referral.



**3.6.10 HOURS OF CARE FOR A TANF IMPACT APPLICANT POLICY**

*Total hours of care for a TANF Impact Applicant or Co-Applicant should be based on a minimum of 30 hours unless otherwise indicated on the valid TANF Impact child care referral.*



## 3.7 SHIFT CARE

A licensed provider may decide to offer child care service during several shifts of a 24 hour day. However, CCDF children are to be assigned to an appropriate shift based on the policy below.



### 3.7.1 SHIFT CARE POLICY

*CCDF children are to be assigned, according to their service need, to one or two 12 hour shifts.*

Utilizing information obtained from the Applicant or Co-Applicant during the authorization interview or the Parent/Applicant Worksheet, the Intake Agent should assign children to the appropriate shift or shifts which accommodate their service need(s), including travel time.

Approved shifts are

Shift One – 6:00 AM – 6:00 PM

Shift Two – 6:00 PM – 6:00 AM

*Alternate CCDF Eligible Provider shifts may be approved by the Office.*

A child who needs care overlapping these shifts shall be assigned to both shifts. For example: a child who need child care from 3:00 PM – 11:00 PM should be assigned to both shift one and shift two and will be counted in the provider's capacity for both shifts.



### 3.7.2 CCDF ELIGIBLE HOME PROVIDER CAPACITY POLICY

*The CCDF eligible licensed child care home provider may not enroll more CCDF children than their legal capacity during any twelve (12) hour shift. A CCDF eligible legally licensed exempt child care home provider is eligible to care for five children, inclusive of both shifts.*

## 3.8 CCDF PROVIDER

### ◀CCDF ELIGIBLE PROVIDER▶

CCDF providers are required to be certified and enrolled with the State of Indiana to receive CCDF funding. Enrollment is intended to ensure basic protections for children. To be an eligible provider with the CCDF program, a provider must:

- Be at least eighteen (18) years of age
- Be legally operating under Indiana's Child Care Regulations, including having met applicable CCDF Provider Eligibility Standards
- Completed a registration process
- Be enrolled with the Central Reimbursement Office (CRO)

#### **CCDF ELIGIBLE PROVIDER**

*CCDF Eligible Provider is defined as a provider, either licensed or exempt from being licensed by law, who has met all applicable CCDF Provider Eligibility Standards and has completed the application process. Eligible providers may include: licensed facilities and homes, unlicensed registered day care ministries, legally license-exempt child care facilities and homes, relative care (grandparent, great grandparent, aunt and/or uncle of the eligible child), and in home care.*



#### **3.8.1 ELIGIBLE PROVIDER POLICY**

*A CCDF Eligible Provider must be legally operating under Indiana's Child Care Regulations including having met applicable CCDF Provider Eligibility Standards and be at least eighteen (18) years of age.*



#### **3.8.2 PROVIDER ENROLLMENT WITH THE CRO POLICY**

*A provider will enroll with the Central Reimbursement Office after the provider has at least one active child care voucher. If the provider is unable to comply with enrollment requirements or refuses to complete enrollment information, the CCDF voucher(s) will be voided. Payment will not be made to the provider.*

### ◀INELIGIBLE CCDF PROVIDER▶

Certain providers are not eligible to receive reimbursement for child care provided despite the Applicant or Co-Applicant eligibility.



### 3.8.3 CCDF INELIGIBLE PROVIDER POLICY

*The following individuals are not a CCDF eligible provider:*

- *The child's sibling or step sibling living in the child's household*
- *A child's parent or step parent*
- *A child's legal guardian or in loco parentis*

*NOTE: An Applicant or Co-Applicant **will not** be paid to care for their own child*



### 3.8.4 PROVIDER INFORMATION PAGE POLICY

*To complete the application process or to complete a provider change request, the Applicant or Co-Applicant must submit a valid Provider Information Page which has been completed and signed (facsimile or electronically signed via email may be accepted) in the current period.*

## DETERMINING IF THE PROVIDER INFORMATION PAGE IS COMPLETE

A Provider Information Page is considered completed when all of the following included:

- ✓ Parent (Guardian) Name *(may be completed by parent)*
- ✓ Date Completed
- ✓ Caregiver Name or Business Name
- ✓ Street address where care is provided
- ✓ Hours/Days of Operation\*
- ✓ Child's Name
- ✓ All charge categories relevant to the child\*
- ✓ School year begin and end, if applicable\*
- ✓ Provider Signature

\* Intake Agent may contact the provider by phone to obtain missing information denoted by an \*. This information must be verified and documented.



### 3.8.5 PROVIDER CHARGES POLICY

*A CCDF Intake Agent may not establish part-time charges for a CCDF eligible provider.*

## ◀REQUESTING A PROVIDER CHANGE▶

An Applicant or Co-Applicant must initiate a request with the Intake Agent, in advance by submitting a current and complete Provider Information Page. A facsimile of this form may be accepted. The Intake Agent is not required to notify the previous provider of this change.



### 3.8.6 PROVIDER CHANGE REQUEST POLICY

*An Applicant must initiate a provider change by submitting a complete and current Provider Information Page to the local and/or regional CCDF intake office no later than noon the day prior to the last business day of the week.*

If the Applicant or Co-Applicant does not notify the Intake Agent, in advance of the change, the change will be delayed and may result in non-payment for child care provided by the unauthorized provider. An Intake Agent may initiate a data change to complete a provider change in the past ONLY if the parent submitted and the Intake Agent received the request prior to the effective date of the change.



### **3.8.7 PROVIDER CHANGE START DATE POLICY**

*A CCDF child care voucher may only be changed for a future week.*

## **◀REQUIRING A PROVIDER CHANGE▶**

When a provider appears on the “Provider Exceeding Capacity” report due to the removal of a plus three(3), the Intake Agent will be required to make the necessary changes to reduce the CCDF enrollment to within AIS stated capacity.

- STEP 1 CCDF Eligible Provider receives a letter from their licensing consultant.
- STEP 2 Three (3) days after receipt of a courtesy copy of the letter from their licensing consultant, contact the provider by phone to determine which CCDF child or children will be removed from their care by the following Saturday.
- STEP 3 The Intake Agent will remove the identified child or children by placing their voucher in a pending status the following Sunday.

### **OR**

If the provider fails to identify the child or children to be removed, the Intake Agent will remove all CCDF children by placing their vouchers in a pending status as of the following Sunday.

- STEP 4 The Intake Agent will send the Applicant and Co-Applicant an Adverse Action notification requesting a new CCDF Eligible Provider be chosen.

## 3.9 CHILD CARE CHARGES

### ◀ PROVIDER CHARGES ▶

A CCDF Eligible Provider must document their charges to provide child care to specific child through completion of a Provider Information Page.



#### **3.9.1 EQUALITY OF PROVIDER CHARGES POLICY**

*A CCDF Eligible Provider may not charge more for services provided to a CCDF Eligible Child than they charge for the same service provided to non- CCDF Eligible Child*



#### **3.9.2 EXCLUDED PROVIDER CHARGE POLICY**

*CCDF Eligible Providers charging registration costs, mandatory fees, and other optional child care expenses such as art and gymnastics programs or transportation costs cannot be paid through CCDF subsidy but may be charged directly to the parent.*



#### **3.9.3 PROVIDER CHARGES POLICY**

*A CCDF Intake Agent may not establish part-time charges for a CCDF eligible provider.*

### ◀ CHILD CARE CHARGE ERRORS ON CCDF VOUCHER ▶

An Intake Agent will utilize the charges documented to complete an Applicant or Co-Applicant's authorization for child care and issue a CCDF voucher accordingly. If the CCDF eligible provider reports an Intake Agent error on the CCDF voucher within 45 days of issuance, CCDF subsidy may be adjusted. If the CCDF eligible provider or Applicant or Co-Applicant fails to notify the Intake Agent of an error timely, the CCDF voucher will remain unchanged.

## 3.10 CCDF PROVIDER REIMBURSEMENT RATES

Although child care subsidy is based on the individual provider's charge for service, there are established maximum CCDF Reimbursement Rates. These maximum rates are determined by a local CCDF Market Rate survey of Indiana licensed child care providers.

### **CCDF REIMBURSEMENT RATES**

*CCDF Reimbursement Rates are defined as the county maximum reimbursement rates for child care by age category and provider type determined through a local CCDF Market Rate survey of Indiana's child care providers.*

### **CCDF REIMBURSEMENT RATE PROVIDER CATEGORIES**

For purposes of CCDF Reimbursement Rates Provider types are defined as:

- Legally License Exempt Home
- Legally License Exempt Child Care Facilities, including Unlicensed Registered Child Care Ministry
- Licensed Home
  - Licensed Home & Licensed Home PTQ level 1
  - Licensed Home PTQ level 2
  - Licensed Home PTQ level 3
  - Licensed Home PTQ level 4
- Licensed Center
  - Licensed Center & Licensed Center PTQ level 1
  - Licensed Center PTQ level 2
  - Licensed Center PTQ level 3
  - Licensed Center PTQ level 4
- VCP (Voluntary Certification Program) Ministry
  - VCP Ministry PTQ level 1
  - VCP Ministry PTQ level 2
  - VCP Ministry PTQ level 3
  - VCP Ministry PTQ level 4

### **CCDF APPROVED ACCREDITING ORGANIZATION**

Accredited providers have entered a voluntary system which evaluates their childcare program against specific criteria in areas of curriculum, health and safety, parent communication, and staff qualifications which has been validated by a nationally recognized early childhood organization.

- ACSI (American Christian Schools International)
- COA (Council on Accreditation)
- NAA (National After School Accreditation)
- NAEYC (National Association for the Education of Young Children)
- NAFCC (National Association of Family Child Care)

## CCDF REIMBURSEMENT RATE AGE CATEGORIES

For purposes of CCDF Reimbursement Rates Age Categories are defined as follows:

- Infant – a child zero to eleven (11) months of age
- Toddler – a child twelve (12) to 35 months of age
- Three (3), Four (4) or Five (5) – children 36 months to five (5) years of age
- Kindergarten – a child enrolled in half-day kindergarten or a child six (6) years of age regardless of whether they are attending kindergarten
- School-Age – a child attending school for the entire day needing care during traditional hours, including children attending all day kindergarten
- School-Age Other – a school-age child enrolled in care outside of Monday through Friday 6:00 am – 6:00 pm, or a child needing sick care, or a child attending child care during a break in school which is greater than one (1) week

**PLEASE NOTE:** *A child's voucher should be assigned a new age category the Sunday following their birthday, unless their birthday falls on a Sunday in which case the new voucher shall be assigned on the child's birthday.*

## SCHOOL-AGE CHILD CARE REIMBURSEMENT EXCEPTIONS

In accordance with CCDF Direct Service Funds federal restrictions, funds may not be used for children enrolled in grades one (1) through twelve (12) for:

- Any service provided to such students during the regular school day; or
- Any service for which such students receive academic credit toward graduation; or
- Any services duplicating an academic program of any public or private school.

## ◀IN-HOME CARE ▶

### IN-HOME CARE

*In-home care is defined as child care services provided by an individual over 18 years of age who comes into the child's own home and does not reside at the child's address and is not the parent, stepparent, guardian, or in loco parentis.*

## IN-HOME CARE REQUIREMENTS

An Applicant or Co-Applicant may be eligible for Nanny Care, however, certain conditions apply.



### 3.10.1 IN-HOME CARE REQUIREMENT POLICY

*An Applicant is eligible for in-home care when at least three (3) CCDF Household members are eligible for child care assistance unless otherwise approved by the Office.*

In addition to the above, to be eligible for in-home care, the Applicant, Co-Applicant and In-home provider must meet Provider Eligibility Requirements.

**IN HOME EXCEPTIONS**

In the following situations a CCDF Applicant and Co-Applicant may be eligible to utilize in-home care, with approval from the Office, regardless of the number of CCDF Eligible Children within the CCDF Household

- A Foster Applicant and Co-Applicant with at least three (3) foster children in their care forming one or more CCDF Households; and/or
- An appropriately documented medically fragile child when the child's physician has determined care outside of the home may be dangerous to the child's health.

**REIMBURSEMENT MAXIMUM FOR IN-HOME CARE****3.10.2 IN-HOME CARE REIMBURSEMENT RATE POLICY**

*CCDF reimbursement is calculated per CCDF Household at an hourly rate consistent with the current federal minimum wage. Therefore, there is one rate for all eligible children. The CCDF Reimbursement Rate does not apply in this situation.*

When the child care authorization has been established based on the Applicant and Co-Applicant's child care need, the Intake Agent must use the following formula to determine the CCDF subsidy.

$$\frac{\text{Current Minimum Wage}}{\text{Number of Children}} = \text{The Hourly Rate of Child Care}$$

**3.10.3 IN-HOME CARE REIMBURSEMENT CALCULATION POLICY**

*Reimbursement for in-home care is calculated based on the attendance of the eligible CCDF child attending the greatest number of hours, not to exceed 40 hours in a one week period, Sunday through Saturday.*

After attendance has been documented for all eligible children within the CCDF Household, a reimbursement is calculated and deposited into the account of the Applicant or Co-Applicant.

**3.10.4 IN-HOME CARE REIMBURSEMENT PAYMENT POLICY**

*Reimbursement for in-home care will be paid to the parent and not the provider of care who is classified by the Internal Revenue Service as a domestic service worker.*

Due to the status of the CCDF eligible provider, the IRS form 1099 will not be issued to the parent or the provider. It is the responsibility of the parent to reimburse the provider, as well as, document the total child care reimbursed for purposes of IRS reporting and inquiry by the Office.



**3.10.5 FAILURE TO REIMBURSE IN-HOME PROVIDER POLICY**

*Failure of the Applicant to pay the in-home (nanny) provider for reimbursed CCDF services will result in termination.*

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## 3.11 CHILD CARE SUBSIDY

### CHILD CARE SUBSIDY

*Child care subsidy is defined as the maximum child care reimbursement less applicable co-pay.*

### ◀CHILD CARE SUBSIDY MAXIMUMS▶

After the Intake Agent has authorized child care and recorded the CCDF eligible child care provider's charges, the Automated Intake Software will calculate the CCDF child care subsidy.

➤ **PROVIDER CHARGES LESS THAN CCDF REIMBURSEMENT RATES**

When the CCDF Eligible Provider's charges are less than the CCDF Reimbursement Rate, the provider's actual charge is the maximum child care subsidy.



#### 3.11.1 CCDF REIMBURSEMENT RATE POLICY

*A child care subsidy may not exceed the CCDF Eligible Provider's charges for care.*

➤ **PROVIDER CHARGES MORE THAN CCDF REIMBURSEMENT RATES**

When the CCDF eligible child care provider's charges are greater than the CCDF Reimbursement Rate, the maximum subsidy will not exceed the established CCDF Reimbursement Rate determined by the CCDF Eligible Provider's category and the age of the eligible child. In these situations, the Applicant and Co-Applicant must assume responsibility for the additional cost of care also called an "overage". A CCDF Eligible Provider may be willing to accept a lower rate of reimbursement. This would be an agreement between the CCDF eligible provider and the Applicant or Co-Applicant.

### OVERAGE

*An overage is defined as the portion of a provider's charges which exceed the applicable county CCDF Reimbursement Rate and may be charged to the Applicant and Co-Applicant.*



#### 3.11.2 CCDF MAXIMUM REIMBURSEMENT RATE POLICY

*A child care subsidy may not exceed the applicable CCDF Reimbursement Rate except in documented cases of special needs.*

## CHILD CARE SUBSIDY MAXIMUM EXCEPTION

If an Applicant or Co-Applicant has an eligible child with documented special needs within their CCDF Household, the child care subsidy may exceed established maximums by 10% in certain circumstances.



### 3.11.3 CHILD WITH SPECIAL NEEDS REIMBURSEMENT RATE POLICY

*CCDF subsidy may exceed the CCDF Reimbursement Rate by 10% in cases of children with documented special need, however, may not exceed the CCDF Eligible Provider's charges.*

## ◀ DETERMINING CHILD CARE SUBSIDY ▶

### PART TIME CHILD CARE AUTHORIZATION

When child care authorizations are established using the CCDF eligible provider's charges on an hourly or daily basis, the child care subsidy will be calculated applying the following CCDF Policies:



**Daily Authorizations:** *On a daily basis, the child care daily subsidy should never exceed the weekly rate except in documented cases of special needs.*



**Hourly Authorizations:** *On an hourly basis, the hourly subsidy should never exceed the daily rate except in documented cases of special needs.*



**Weekly Authorizations:** *On a weekly basis, the child care subsidy should never exceed the weekly rate except in documented cases of special needs.*

## ◀ CCDF CO-PAY ▶

### CO-PAY

*A co-pay is defined as, a weekly fee for child care based on the CCDF Household's income exceeding 100% of the federal poverty guidelines and their years of CCDF participation utilizing the Office's Child Care Income Eligibility Determination and Sliding Fee Scale.*

The Applicant or Co-Applicant's subsidy will be determined by applying the appropriate CCDF subsidy maximum less any applicable co-pay. The CCDF Eligible Provider *must* collect the co-pay from the parent on a regular basis. This charge for care may not be waived by the CCDF Eligible Provider.



#### **3.11.4 CO-PAY POLICY**

*The Applicant and Co-Applicant are responsible for weekly co-pay amount determined at the time of authorization regardless of the child(ren)'s attendance and is paid directly to the provider.*

#### **FAILURE OF APPLICANT TO PAY A CO-PAY**

If an Applicant or Co-Applicant fails to pay their weekly co-pay in full, the CCDF Eligible Provider must contact the Intake Agent within 30 calendar days from the first missed payment. This may result in the termination of the Applicant and Co-Applicant from the CCDF Voucher Program if balance is not paid in full or an acceptable payment arrangement established with the CCDF Eligible Provider.



#### **3.11.5 NON PAYMENT OF CO-PAY POLICY**

*A CCDF Household may be terminated if the Applicant or Co-Applicant fails to pay the required co-pay.*

#### **CHANGES TO CCDF WEEKLY CO-PAY**

If a co-pay is changed after an application has been signed, the Applicant and Co-Applicant, as well as, the CCDF Eligible Provider must receive at least a written ten (10) calendar day notice indicating the applicable changes. If this change occurs at re-authorization, the change will take effect as of the subsidy begin date without notice.

## 3.12 CHANGES TO VOUCHER



### 3.12.1 INCREASE IN PROVIDER CHARGES POLICY

*If a CCDF eligible provider increases their rates the change may only take place at the CCDF Household reauthorization, unless otherwise stated.*

## ◀ PROVIDERS BECOMING ELIGIBLE FOR A HIGHER CCDF REIMBURSEMENT RATE ▶



### 3.12.2 INCREASE IN CCDF REIMBURSEMENT RATE POLICY

*If a CCDF eligible provider qualifies for a higher CCDF Reimbursement Rate, a voucher adjustment will be completed by the Office.*

A provider is eligible for a higher CCDF Reimbursement Rate when the provider's PTQ level increases as documented on the PTQ Level Adjustment report available the first Sunday of the month. The Automated Intake System will adjust all existing vouchers to reflect the provider's new rate of CCDF reimbursement.



### 3.12.3 CHANGE IN CCDF REIMBURSEMENT RATE CATEGORY POLICY

*If a CCDF eligible provider qualifies for a higher CCDF Reimbursement Rate, a voucher adjustment may be completed for any change in charges when the provider submits appropriate documentation within 30 days from the date of the provider's level increase letter.*

## STEPS TO COMPLETE AN INCREASE IN PROVIDER CHARGES DUE TO A PTQ LEVEL INCREASE

The following procedure should be followed when a CCDF Eligible Provider becomes eligible for a higher CCDF Reimbursement Rate and chooses to increase their charges.

- STEP 1 The Provider is notified by the appropriate PTQ contractor they are eligible for a higher CCDF Reimbursement Rate. If the Provider plans to increase their charges, the PTQ contractor will notify the provider they have 30 days from the date of their level increase letter to submit new Provider Information Pages for all children participating in CCDF. The Provider will also be instructed to submit a copy of their level increase letter to the Intake with their Provider Information Pages.
- STEP 2 The Intake Agent receives and date stamps new Provider Information Pages from the CCDF Eligible Provider.
- STEP 3 The Intake Agent will have a maximum of ten (10) business days from date received to complete provider changes to establish the new subsidy rate.
- STEP 4 The Intake Agent will mail new vouchers to the CCDF Eligible Provider.

- STEP 5 If the Provider Information Page is not received by the Intake Agent within the required 30 days, the change will only take place at the time of CCDF re-authorization.

## ◀ PROVIDERS WITH A REDUCTION IN CCDF REIMBURSEMENT RATES ▶



### 3.12.4 REDUCTION IN CCDF REIMBURSEMENT RATE POLICY

*If a CCDF eligible provider qualifies for a lower CCDF Reimbursement Rate, a voucher adjustment will be completed by the Office*

On some occasions, a provider's CCDF Reimbursement Rate may be reduced if the provider's PTQ level reduces as documented on the PTQ Level Adjustment report available the first Sunday of the month. The Automated Intake System will adjust all existing vouchers to reflect the provider's new rate of CCDF reimbursement.

### STEPS REQUIRED DUE TO A REDUCTION IN CCDF REIMBURSEMENT DUE TO A PTQ LEVEL DECREASE

If a CCDF Eligible Provider is listed at a lower level on the PTQ Level Adjustment report, all CCDF Applicants with affected vouchers must be notified of the change.

- STEP 1 The Intake Agent must run the PTQ Level Adjustment report the first business day it is available.
- STEP 2 The Intake Agent will have a maximum of three (3) business days to mail an Adverse Action notice, using the template provided, to the CCDF Applicant and their provider. The CCDF Applicant must also receive a pre-voucher report.
- STEP 3 As a reminder, the Intake Agent should scan this notice for file retention.

## ◀ PROVIDERS VOLUNTARY REDUCING CHARGES ▶

On some occasions, the Intake Agent may be notified a CCDF Eligible Provider has reduced some or all of their charge categories. The Intake Agent must complete revisions to the voucher of the CCDF Eligible Children *if the reduction results in a decrease in CCDF subsidy*.

### STEPS TO COMPLETE A DECREASE IN SUBSIDY FOR A CCDF ELIGIBLE PROVIDER REDUCING THEIR CHARGES

If a CCDF Eligible Provider notifies the Intake Agent of a charge reduction, all vouchers for Eligible Children must be corrected *if the reduction results in a decrease in CCDF subsidy*.

- STEP 1 The Intake Agent should confirm the date of the charge change with the CCDF Eligible Provider.

- STEP 2 The Intake Agent should request new Provider Information Pages for each affected CCDF Eligible Child within ten (10) calendar days.
- STEP 3 The Intake Agent will have a maximum of ten (10) business days to complete provider changes to establish the new subsidy rate.

### 3.13 COMPLETING THE AUTHORIZATION PROCESS

When completing the authorization process, the Intake Agent will gather statistical information about the Applicant and Co-Applicant.

#### REQUIRED STATISTICAL INFORMATION

All of the following statistical information must be collected:

- Relationship of each CCDF Household Member to the Applicant
- Gender of each CCDF Household Member
- Hoosier Healthwise or Medicaid Participation
- Hispanic or Latino ethnic background, if applicable
- Race
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - White
- Highest grade completed
- Highest degree attained
- CCDF Eligible Child(ren)'s participation in pre-school services
- Listing of other services provided which at a minimum must include:
  - ✓ Resource and Referral
  - ✓ Information on Quality Child Care / Paths to Quality
  - ✓ Complaint Policies/Process
  - ✓ Mass Media Information Sites
  - ✓ Subsidy Information.



## 3.14 CARD ISSUANCE

After a CCDF authorization has been completed and vouchers have been created, the Intake Agent must issue Applicant, Co-Applicant, and Authorized Representative, if applicable, a Hoosier Works for Child Care card supplied by the Office. When properly used, this card will transmit information to the Central Reimbursement Office (CRO) electronically. This information is used to calculate the CCDF Eligible Provider's child care reimbursement which is electronically deposited into the CCDF eligible provider's bank account on the date specified.



### **3.14.1 HOOSIER WORKS FOR CHILD CARE CARD ISSUANCE POLICY**

*An Applicant and Co-Applicant are eligible for one Hoosier Works for Child Care card and may elect to identify one additional person to serve as an Authorized Representative.*

## **STEPS FOR ISSUING A HOOSIER WORKS FOR CHILD CARE CARD**

### **CCDF APPLICANT AND CO-APPLICANT, IF APPLICABLE**

- STEP 1 Complete the Hoosier Works for Child Care Authorization form for each card issued. The form may be signed by the CCDF Applicant or Co-Applicant, if applicable
- STEP 2 Activate the Hoosier Works for Child Care Card following AIS procedures
- STEP 3 Provide the Hoosier Works for Child Care Card training either by video demonstration or instructions provided verbally or in writing.

### **CCDF AUTHORIZED USER**

- STEP 1 Obtain the CCDF Applicant or Co-Applicant's signed authorization for issuance utilizing the CCDF Hoosier Works for Child Care Authorization form. The Authorized User must be over the age of 18 or a minor parent with proof of relationship to the eligible child. This user must be willing to accept full responsibility for the Applicant or Co-Applicant's attendance activity.
- STEP 2 Complete the Authorized User's information on the CCDF Hoosier Works for Child Care Authorization form, including signature and obtaining a copy of the Authorized User's picture identification.
- STEP 3 Activate the Hoosier Works for Child Care Card following AIS procedures.
- STEP 4 Provide the Hoosier Works for Child Care Card training either by video demonstration or instructions provided verbally or in writing.

**LOST, STOLEN OR INOPERABLE CARD REPLACEMENTS**

- STEP 1 Obtain the Hoosier Works for Child Care Cardholder's signature on the CCDF Hoosier Works for Child Care Authorization form. A facsimile of the signature will be accepted.
- STEP 2 Activate the Hoosier Works for Child Care Card following AIS procedures.
- STEP 3 Deliver the Hoosier Works for Child Care Card in the method agreed upon.
- STEP 4 If the inoperable card was returned, it should be destroyed and logged for audit purposes.

**◀HOOSIER WORKS FOR CHILD CARE CARD USAGE▶**

The Applicant and Co-Applicant will use their Hoosier Works for Child Care card to document their Eligible Child(ren)'s attendance by using a Point of Service (POS) device available at a CCDF Eligible Provider's facility.

**3.14.2 POINT OF SERVICE DEVICE USAGE POLICY**

*An Applicant, Co-Applicant or Authorized User must document their eligible child(ren)'s attendance by using a Point of Service device available at the authorized provider's facility each day they attend.*

While it is the expectation the Applicant and Co-Applicant will document their eligible child's attendance on a daily basis, the POS device does provide an opportunity to record previous day's attendance as a "back-swipe" or documented personal day usage.

**3.14.3 PREVIOUS DAY ATTENDANCE POLICY**

*An Applicant, Co-Applicant or Authorized User may electronically document a previous day's attendance for up to thirteen 13 prior calendar days to avoid non-payment.*

**◀TERMINATING CHILD CARE FOR INACTIVITY▶**

When an Applicant or Co-Applicant does not document attendance on a regular basis, the Applicant and Co-Applicant are at risk of losing the CCDF child care subsidy.



### 3.14.4 TERMINATION FOR INACTIVITY POLICY

*Failure of an Applicant or Co-Applicant to electronically document their child(ren)'s attendance for more than 60 days will be considered voluntary termination of the child(ren) from the CCDF Voucher Program without notice.*

#### STEPS TO TERMINATE AN APPLICANT FOR INACTIVITY

When the Applicant's name appears on the 60-Day No Swipe Activity Report, the Intake Agent shall:

- STEP 1 Terminate the child's authorization the Saturday following the 60<sup>th</sup> day.
- STEP 2 Provide written notice to the Applicant and Co-Applicant including:
  - ✓ Eligible Child's Name
  - ✓ Date of Termination
- STEP 3 Provide written notice to the CCDF eligible provider including:
  - ✓ Applicant Name
  - ✓ Eligible Child's Name
  - ✓ Date of Termination
- STEP 4 Terminate the case, if there are no active CCDF recipients. Document action taken in AIS case notes.

**PLEASE NOTE:** *This termination is may be appealed using normal appeal procedures.*

### ◀IMPROPER USE ▶ OF THE HOOSIER WORKS FOR CHILD CARE CARD

The Applicant, Co-Applicant and Authorized User have agreed, by their signature, to prohibit anyone other than themselves to use their Hoosier Works for Child Care card. The Applicant and Co-Applicant or Authorized User may not give their card or card number as well as their PIN number to their CCDF Eligible Provider or any other individual. The Applicant, Co-Applicant or Authorized User may not leave their Hoosier Works for Child Care card in the possession of the CCDF Eligible Provider or any staff or household member.

#### STEPS TO FOLLOW WHEN A HOOSIER WORKS CARD HAS BEEN FOUND IN THE PROVIDER'S POSSESSION

If the Applicant, Co-Applicant or Authorized User's card is found in the possession of another individual, the following procedure must be followed by the Intake Agent.

- STEP 1 Notification is received by the Office to de-active an Applicant, Co-Applicant or Authorized User's Hoosier Works for Child Care Card.
- STEP 2 Deactivate the Hoosier Works for Child Care card.
- STEP 3 Send Applicant, Co-applicant or Authorized User a written 10 calendar day notice to obtain a new card.
- STEP 4 Require the cardholder to sign a new Hoosier Works for Child Care Authorization form and issue a Hoosier Works for Child Care Card.

STEP 5 Complete a Parent Non-Compliance form.

STEP 6 Require the cardholder to watch the Hoosier Works for Child Care video training.

***PLEASE NOTE:*** *If a cardholder allows someone else to use their Hoosier Works for Child Care card, CCDF subsidy may be terminated.*

# **MAINTAINING ELIGIBILITY and RE-AUTHORIZATION**

## **SECTION 4**

## 4.1 MAINTAINING ELIGIBILITY / REAUTHORIZATION



### 4.1.1 INFORMATION SHARING POLICY

*It is permissible to exchange Applicant information between the Intake Agent and the Local DFR or Impact Provider if allowed by law, and vice versa, when necessary for the administration of the program. Other parties requesting Applicant information must have the written permission of the client or must obtain a court order.*

## ◀COMPLETE FILE▶



### 4.1.2 REQUIREMENT FOR A COMPLETE FILE POLICY

*A complete Applicant file shall be maintained by the Intake Agent and shall include all appropriate documentation as outlined in the CCDF Policy and Procedure manual.*



### 4.1.3 COMPLETE FILE REQUIREMENTS POLICY

*The Intake Agent is responsible for the safe transport, secure storage, accuracy, maintenance, and scanning of Applicant and Co-Applicant files until transfer to the State. In addition, the Intake Agent must maintain closed Applicant and Co-Applicant files for the period of time identified in their CCDF contract.*



### 4.1.4 TRANSITION FILE POLICY

*Files transitioned from an Intake Agent which has ceased to operate to a new grantee shall be considered accurate for purposes of eligibility until the Applicant or Co-Applicant has completed a re-authorization or an update or until the Office has completed a monitoring and audit review.*

## ◀REQUIREMENTS FOR A COMPLETE FILE▶

The Intake Agent must assure each Applicant and Co-Applicant file is complete. A complete file should include all of the following.

- ✓ Application, State Form 805, with all eligibility criteria complete
- ✓ Application, State Form 805, or Parent/Applicant Worksheet signed and dated
- ✓ Application, State Form 805, signed by Intake Agent and dated with date of data entry into AIS
- ✓ All required verifications

- ✓ Current signed Provider Information Page (facsimile signatures are acceptable)
- ✓ Current Signed Parent's Rights and Obligations Form
- ✓ Signed Hoosier Works for Child Care Authorization form, if applicable
- ✓ Copy of the AIS Pre-Voucher report
- ✓ Current completed Parent/Applicant Worksheet, if applicable
- ✓ Complete valid TANF referral, if applicable
- ✓ Other documentation, as required
- ✓ Electronic notes pertaining to any notification, adverse action, reported changes, appeal or other relevant information must be entered into AIS and/or scanned.

## ◀QUALITY ASSURANCE (QA) REVIEW▶



### 4.1.5 QUALITY ASSURANCE REQUIREMENT POLICY

*It is the Intake Agent's responsibility to maintain data integrity and assure Applicant and Co-Applicant's eligibility is accurately determined and CCDF subsidy is appropriately authorized.*

## ◀INTAKE AGENT AUDIT OF A CCDF APPLICATION▶



### 4.1.6 QUALITY ASSURANCE REQUIREMENT POLICY

*The Intake Agent is required to develop a Quality Assurance process to review each completed CCDF Authorization within 21 calendar days from AIS completion date.*

The Intake Agent is provided 21 calendar days from AIS application completion date to audit an Applicant file for accuracy, error correction, and verify completion. When completed timely, the Intake Agent may be able to resolve invalid or incomplete authorizations without payment reduction.

### STEPS FOR NOTIFICATION OF FILE ERROR

If a quality assurance review identifies an invalid or incomplete authorization, the Intake Agent shall:

- STEP 1 Identify the incomplete or inappropriate documentation provided
- STEP 2 Request, in writing, the Applicant or Co-Applicant provide the appropriate documentation within ten (10) calendar days. This request must include detailed instructions on required documentation.
- STEP 3 Notification to the CCDF Eligible Provider of the parent's potential loss of benefits.
- STEP 4 Place vouchers in "Pending Status" the Sunday following the written request expiration date.



#### **4.1.7 CURRENT DEFINITION EXCEPTION FOR QUALITY ASSURANCE**

*For purposes of Quality Assurance, current is defined as the previous 30 day period which may include date of written request expiration date, internal quality assurance checklist or unless otherwise stated.*



#### **4.1.8 CURRENT INCOME DEFINITION EXCEPTION FOR QUALITY ASSURANCE**

*For purposes of Quality Assurance, current income is defined as the previous 30 day period which may include Applicant or Co-Applicant signature date on the CCDF Application, State Form 805, or Parent Worksheet, unless otherwise stated.*

### **STEPS FOR TIMELY SUBMISSION OF QUALITY ASSURANCE CORRECTION**

If an Applicant or Co-Applicant submits the requested information in the proper format in a timely manner, the Intake Agent shall follow the steps below:

- STEP 1 Update the audited CCDF application sequence in AIS, if appropriate.
- STEP 2 Print the CCDF application (State Form 805) if an update is completed.
- STEP 3 Circle the change made, if appropriate and mark CCDF application, State Form 805, with “QA Update”.
- STEP 4 Intake Agent must sign and date CCDF application, State Form 805, however, Applicant or Co-Applicant signature is not required.
- STEP 5 If the update results in a change to CCDF benefit authorization, written notification must be provided to the Applicant and Co-Applicant, as well as, eligible provider with ten (10) calendar day notice of change.
- STEP 6 Assure all applicable documents relating to the case have been scanned including original documentation, updated documentation, and written notice.
- STEP 7 Scan the Intake Agency’s internal quality assurance checklist which includes identification of Intake Agent completing the review and date.

### **STEPS FOR NO SUBMISSION, LATE SUBMISSION, OR INAPPROPRIATE SUBMISSION OF QUALITY ASSURANCE CORRECTION**

- STEP 1 Terminate the audited CCDF application sequence in AIS.
- STEP 2 Print the CCDF application, State Form 805.
- STEP 3 Circle the new subsidy end date and mark the CCDF application, State Form 805, with “QA Termination”.
- STEP 4 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 5 Assure all applicable documents relating to the case have been scanned including original documentation and written notice.
- STEP 6 Scan the Intake Agency’s internal quality assurance checklist which includes identification of Intake Agent completing the review and date.



## ◀SCANNING A CCDF APPLICANT FILE ▶



### 4.1.9 SCANNING REQUIREMENT POLICY

*The CCDF Intake Agent is responsible for assuring all relevant CCDF documentation has been appropriately scanned utilizing state supported scanning software within 21 days of application or update.*

## ◀AIS QUALITY ASSURANCE REPORTS ▶

The Automated Intake Software generates quality assurance reports to identify potential data errors. It is the sole responsibility of the Intake Agent to generate and review reports and correct data errors on a regular basis.

TCC Intake Support will email weekly Quality Assurance reports which summarize the region's potential data errors. In addition, a representative of TCC Intake Support will conduct monthly Quality Assurance Calls with the Intake Agent. The Intake Agent is required to participate in these calls. The purpose of the call is to identify potential data integrity issues, discuss upcoming software enhancements, evaluate region's performance and answer Intake Agent questions. Questions which cannot be answered by the TCC Intake Support Staff will be referred to the Intake Agent's CCDF Policy Consultant. A summary of all Quality Assurance calls will be provided to the Intake Agent, CCDF Policy Manager and CCDF Policy Consultant.

## 4.2 MAINTAINING AN APPLICATION

When signing the Parent's Rights and Obligations form, the Applicant and Co-Applicant agree to report any change in circumstance to the Intake Agent within ten (10) calendar days of the occurrence. Some changes reported by the Applicant or Co-Applicant require action on the part of the Intake Agent including the collection of documentation. Some changes may require action, but do not require collection of documentation. Others will require no action on the part of the Applicant, Co-Applicant or Intake Agent.

### ◀ CHANGE IN CCDF HOUSEHOLD CIRCUMSTANCES ▶



#### 4.2.1 REQUIREMENT FOR REPORTING A CHANGE IN CIRCUMSTANCES POLICY

*An Applicant must report the loss of a service need, change in TANF status, change in CCDF Household composition, or change in address or phone number within 10 calendar days of occurrence to the Intake Agent and provide supporting documentation, if necessary. A failure to report changes timely may result in the termination of CCDF services and result in repayment of child care benefits paid on their behalf.*

#### UPDATE DEFINITION

*An update is the process by which an Intake Agent completes a periodic review of an Applicant or Co-Applicant's information and documents changes to the application.*

### ◀ CHANGES WHICH REQUIRE REPORTING ▶

The following changes must be reported requiring the Intake Agent to take the appropriate action. Remind the Applicant or Co-Applicant to notify the DFR caseworker, if necessary, of any relevant change.



#### 4.2.2 VERIFIED DOCUMENTATION POLICY

*An update of verified information must include appropriate documentation as defined in the CCDF Policy and Procedure Manual*



#### 4.2.3 UN-VERIFIED DOCUMENTATION POLICY

*An update of un-verified information may be declared.*

## ◀ RESIDENCY ▶ CHANGE IN CIRCUMSTANCES

When the Applicant or Co-Applicant reports an address change, the Intake Agent shall:

- |        |   |
|--------|---|
| STEP 1 | Obtain appropriate proof of residency   |
| STEP 2 | Update the most recent CCDF application sequence in AIS   |
| STEP 3 | Print the CCDF application, State Form 805, and note "Address Change"   |
| STEP 4 | Circle the change made  |
| STEP 5 | Intake Agent must sign and date CCDF application (State Form 805), however, Applicant or Co-Applicant signature is not required |
| STEP 6 | Scan all applicable documents relating to change  |

If the change in residency results in a change in county of residence, the Applicant or Co-Applicant may transfer their CCDF benefits to another Indiana County.

### STEPS FOR AN ACTIVE APPLICANT OR CO-APPLICANT TRANSFERRING TO ANOTHER COUNTY

When an active Applicant and/or Co-Applicant moves to another Indiana County, they may transfer their CCDF benefits to their new county of residence provided the Applicant and/or Co-Applicant can demonstrate compliance with all CCDF Policies and the request has been made within thirty (30) calendar days of their move.

- |        |   |
|--------|---|
| STEP 1 | The Intake Agent receives notification from an active Applicant or Co-Applicant they are moving to another Indiana County. The Applicant or Co-Applicant must request the CCDF Transfer form.   |
| STEP 2 | The exiting Intake Agent ends the affected vouchers with an appropriate end date for the Applicant's or Co-Applicant's situation. This end date may not be a prior date.  |
| STEP 3 | The exiting Intake Agent completes the CCDF Transfer form and provides the Applicant or Co-Applicant a copy.  |
| STEP 4 | A copy of the completed CCDF Transfer form is securely emailed to the appropriate CCDF Policy Consultant(s) and the Intake Agent in the county of transfer.   |
| STEP 5 | The Intake Agent in the county of transfer must request "slots" from The Office's Operations Unit via email if the Applicant or Co-Applicant applies for benefits timely.   |
| STEP 6 | When "slots" have been provided, the Intake Agent completes the application and authorization process. <ul style="list-style-type: none"> <li>• The Applicant and Co-Applicant may utilize job search as their service need subject to CCDF Policy limits. (Reference the CCDF Transfer form for prior week's utilized.)</li> <li>• The Applicant and Co-applicant may utilize child care benefits to participate in an education activity subject to CCDF Policy limits. (Reference the CCDF Transfer form for prior semesters utilized.)</li> </ul> |

**PLEASE NOTE:** Should the Applicant or Co-Applicant report their move to the relocating county first, the Intake Agent should provide the Applicant or Co-Applicant with a CCDF Transfer form and instruct them to contact the exiting Intake Agent for completion of the CCDF Transfer form. Forms must be submitted to the exiting Intake Agent by noon the day prior to their last business day of the week to ensure timely completion.

### ◀PHONE NUMBER OR MAILING ADDRESS ONLY ▶ CHANGE IN CIRCUMSTANCES

When the Applicant or Co-Applicant reports a change in their phone number or mailing address only, the Intake Agent shall:

- STEP 1 Document the change, as declared.
- STEP 2 Update the most recent CCDF application sequence in AIS.
- STEP 3 Print the pre-voucher and note the change made.
- STEP 4 Scan all applicable documents relating to the change.

### ◀HOUSEHOLD MEMBER'S NAME ▶ CHANGE IN CIRCUMSTANCES

When the Applicant or Co-Applicant reports a name change of a CCDF Household member, the Intake Agent shall:

- STEP 1 Obtain appropriate proof of identity.
- STEP 2 If the CCDF Household member is the Applicant or Co-Applicant, complete a Name Attestation form with the previous name(s) as well as the new "Known As" name.
- STEP 3 Update the most recent CCDF application sequence in AIS.
- STEP 4 Print the CCDF application, State Form 805, and note "Name Change".
- STEP 5 Circle the change made.
- STEP 6 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 7 Applicant or Co-Applicant must sign and date CCDF application, State Form 805, or Parent Worksheet.
- STEP 8 Scan all applicable documents relating to the change.

### ◀CCDF HOUSEHOLD SIZE ▶ CHANGE IN CIRCUMSTANCES

When the Applicant or Co-Applicant reports a change in CCDF Household size, the Intake Agent shall identify the appropriate situation below and follow the procedure provided.

**BLENDING CCDF HOUSEHOLDS**

- STEP 1 Identify the cases involved. Utilizing the sliding fee scale, determine if the “new CCDF Household” will be income eligible.
- STEP 2 Select the case with the largest CCDF Household size.
- STEP 3 Add the new CCDF Household Members to the application.
- STEP 4 Obtain proof of current income for all CCDF Household Members.
- STEP 5 Update the most recent CCDF application sequence in AIS.
- STEP 6 Terminate the other CCDF application in AIS.
- STEP 7 Add CCDF eligible children from other CCDF application to the waiting list.
- STEP 8 Submit a data change request form to the CCDF Policy Consultant. This form must include the old AIS case number and the AIS case number of active AIS application, as well as, the reason for the change.
- STEP 9 If approved, the Intake Agent will be notified the children are now in partial status.
- STEP 10 Complete the authorization for the CCDF eligible children. It is the responsibility of the Intake Agent to assure the eligible children’s authorizations do not overlap.
- STEP 11 Print the CCDF application, State Form 805, and note “Blended CCDF Households”.
- STEP 12 Circle the change made.
- STEP 13 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 14 Applicant or Co-Applicant must sign and date CCDF application, State Form 805, or Parent Worksheet.
- STEP 15 Provide Applicant, Co-Applicant and CCDF eligible provider with an updated pre-voucher or voucher, if applicable.
- STEP 16 Scan all applicable documents relating to the change

**ADDITION OF CCDF HOUSEHOLD MEMBER WITH INCOME**

- STEP 1 Obtain appropriate proof of identity.
- STEP 2 Obtain appropriate proof of service need, if applicable.
- STEP 3 Obtain proof of current income for all CCDF Household Members.
- STEP 4 Update the most recent CCDF application sequence in AIS.
- STEP 5 Print the CCDF application, State Form 805, and note “Added Household Member”
- STEP 6 Circle the change made.
- STEP 7 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 8 Applicant or Co-Applicant must sign and date CCDF application, State Form 805, or Parent Worksheet.
- STEP 9 Provide Applicant, Co-Applicant and CCDF eligible provider with an updated pre-voucher or voucher, if applicable.
- STEP 10 Scan all applicable documents relating to the change

**ADDITION OF CCDF HOUSEHOLD MEMBER WITHOUT INCOME**

- STEP 1 Obtain appropriate proof of identity.
- STEP 2 Obtain appropriate proof of service need, if applicable
- STEP 3 Update the most recent CCDF application sequence in AIS.
- STEP 4 Print the CCDF application, State Form 805, and note "Added Household Member"
- STEP 5 Circle the change made.
- STEP 6 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 7 Applicant or Co-Applicant must sign and date CCDF application, State Form 805, or Parent Worksheet.
- STEP 8 Provide Applicant, Co-Applicant and CCDF eligible provider with an undated pre-voucher or voucher, if applicable
- STEP 9 Scan all applicable documents relating to the change.

**ADDITION OF A TANF IMPACT CCDF RECIPIENT WITHOUT INCOME**

- STEP 1 Obtain proof of identity.
- STEP 2 Obtain appropriate proof of service need, if applicable.
- STEP 3 Update the most recent CCDF application sequence in AIS.
- STEP 4 Add CCDF recipient to receive services and create appropriate voucher, if applicable.
- STEP 5 Print the CCDF application, State Form 805, and note "Added Household Member"
- STEP 6 Circle the change made, if applicable.
- STEP 7 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 8 Applicant or Co-Applicant must sign and date CCDF application, State Form 805, or Parent Worksheet.
- STEP 9 Provide Applicant, Co-Applicant and CCDF eligible provider with an updated pre-voucher or voucher, if applicable
- STEP 10 Scan all applicable documents relating to the change.

**LOSS OF CCDF HOUSEHOLD MEMBER WITH INCOME**

- STEP 1 Obtain a statement from the Applicant indicating the CCDF Household Member is no longer in residence, or proof of loss (i.e. death certificate, divorce decree, etc.). In the case of a child turning age 18, the member may be removed without a statement.
- STEP 2 Obtain proof of current income for all CCDF Household members.
- STEP 3 Update the most recent CCDF application sequence in AIS.
- STEP 4 Print the CCDF application, State Form 805, and note "Removed Household Member"
- STEP 5 Intake Agent must sign and date CCDF application, State Form 805.

- STEP 6 Applicant or Co-Applicant must sign and date CCDF application, State Form 805, or Parent Worksheet.
- STEP 7 Provide Applicant, Co-Applicant and CCDF eligible provider with an updated pre-voucher, if applicable.
- STEP 8 Scan all applicable documents relating to the change.

### **LOSS OF CCDF HOUSEHOLD MEMBER WITHOUT INCOME**

- STEP 1 Obtain a statement from the Applicant indicating the CCDF Household Member is no longer in residence, or proof of loss (i.e. death certificate, divorce decree, etc.). In the case of a child turning age 18, the member may be removed without a statement.
- STEP 2 Update the most recent CCDF application sequence in AIS.
- STEP 3 Print the CCDF application, State Form 805, and note "Removed Household Member".
- STEP 4 Intake Agent must sign and date CCDF application, State Form 805.
- STEP 5 Applicant or Co-Applicant must sign and date CCDF application, State Form 805, or Parent Worksheet.
- STEP 6 Provide Applicant, Co-Applicant and CCDF eligible provider with an updated pre-voucher or voucher, if applicable.
- STEP 7 Scan all applicable documents relating to the change.

## **◀CHANGE IN TANF STATUS▶ CHANGE IN CIRCUMSTANCES**

When the Intake Agent is made aware of the Applicant or Co-Applicant's change from mandatory TANF Impact status, the Intake Agent shall:

### **NOTIFIED BY THE CCDF APPLICANT OR CO-APPLICANT**

- STEP 1 Obtain proof of current service need, i.e. school schedule, most recent paystub, or other appropriate verification.
- STEP 2 Update the most recent CCDF application sequence priority in AIS.
- STEP 3 Print the CCDF application, State Form 805, and note "Change in TANF Status".
- STEP 4 Circle the change made.
- STEP 5 Intake Agent must sign and date CCDF application, State Form 805, however, Applicant or Co-Applicant signature is not required.
- STEP 6 Scan all applicable document relating to the change.

### **NOTIFIED BY A IMPACT SERVICE PROVIDER OR THE OFFICE**

- STEP 1 Send a written ten (10) calendar day notice to the Applicant or Co-Applicant requesting proof of current service need.

- STEP 2 Obtain proof of current service need, i.e. school schedule, most recent paystub, or other appropriate verification.
- STEP 3 Update the most recent CCDF application sequence priority in AIS.
- STEP 4 Print the CCDF application, State Form 805, and note "Change in TANF Status"
- STEP 5 Circle the change made.
- STEP 6 Intake Agent must sign and date CCDF application, State Form 805, however, Applicant or Co-Applicant signature is not required.
- STEP 7 Scan all applicable documents relating to the change.

**PLEASE NOTE:** *If the Applicant or Co-Applicant fails to document a current valid service need, the case shall be terminated without additional notice.*

### ◀LOSS OF SERVICE NEED▶ CHANGE IN CIRCUMSTANCES

The Applicant or Co-Applicant is required to report a loss of service need within TEN (10) calendar days. Loss of service need is grounds for termination if the Applicant or Co-Applicant is not eligible for job search, does not want to participate in job search, or is not eligible for approved leave.



#### **4.2.4 JOB SEARCH ELIGIBILITY POLICY**

*A non-TANF Applicant or Co-Applicant may request job search upon completion or withdrawal from an educational or training program or loss of employment. A Co-Applicant may request job search upon entering the CCDF Household.*

If an Applicant or Co-Applicant wishes to participate in Job Search, please see Service Need, Job Search, pages 63 – 66.

If an Applicant or Co-Applicant is eligible for approved leave, please see Service Need, Approved Leave, pages 48 – 53.

An Applicant or Co-Applicant, who fails to report a loss of service need, may be responsible for repayment of all or part of child care reimbursements paid on their behalf unless:

- The Applicant or Co-Applicant is eligible for job search; **and**
- The Applicant or Co-Applicant indicates they have participated in job search activities; **and**
- The Applicant or Co-Applicant provides a completed Job Search Request form which may reduce or eliminate a requirement for repayment.

### ◀CHANGE IN PHYSICAL CUSTODY▶ CHANGE IN CIRCUMSTANCES



**TEMPORARY CHANGE IN CUSTODY**

If the Applicant or Co-Applicant reports a temporary change in physical custody, the Intake Agent shall follow the procedures outlined in Approved Leave, Physical Custody pages 51 and 52.

**CATASTROPHIC CHANGE IN CUSTODY**

If the Applicant reports or the Intake Agent is made aware of a catastrophic change in custody, the Intake Agent shall follow the procedures outlined in Change in Physical Custody, Catastrophic pages 33 – 34.

### 4.3 FAILURE TO REPORT A REQUIRED CHANGE

The Intake Agent will take additional action if an Applicant or Co-Applicant fails to report any of the following:

- Change in Residency
- Change in CCDF Household Size
- Change in TANF Status
- Loss of Service Need for more than 10 calendar days
- Change in Physical Custody

#### STEPS TO DETERMINE A REPAYMENT AGREEMENT

The Applicants failure to report a required change may result in repayment of child care subsidy paid on their behalf. As long as the Applicant and Co-Applicant, if applicable, have a valid service need, the case shall not be terminated. The Intake Agent shall:

- STEP 1 Determine the effective date of the change. This will establish begin and end dates to be entered on the CCDF Parent Non-Compliance Form and CCDF Parent Repayment form.
- STEP 2 Determine if job search would have been appropriate.
- STEP 3 Determine if the Applicant and Co-Applicant were eligible for any weeks of job search. If yes, offer the Applicant and Co-Applicant an opportunity to reduce and/or eliminate their over-payment by sending a Job Search Request notification letter to the Applicant and Co-Applicant.
- STEP 4 Determine the total amount of the over-payment which is equal to the amount provided on the Case Payment Report less any reduction due to job search activities. If the over-payment is for co-pay change only, multiply the number of weeks reported by the change in co-pay.
- STEP 5 Complete the CCDF Parent Non-Compliance Form, CCDF Parent Repayment form, and Case Narrative, when applicable.
- STEP 6 If Applicant is present, provide a copy of the forms for signature, excluding the Case Narrative. **or**  
  
If Applicant is present, but refuses to sign, provide a copy of the forms excluding the Case Narrative, as well as, the CCDF Parent Repayment Appeal form to the Applicant. **or**  
  
If Applicant is not present, mail a copy of the forms, excluding the Case Narrative, to the Applicant including the CCDF Parent Repayment Appeal form.
- STEP 7 If the CCDF Parent Non-Compliance form and Repayment Agreement were signed, mail the original with the Case Narrative and supporting documentation to the address below. Provide a copy of the CCDF Parent Non-Compliance form and Repayment Agreement to the Applicant. *You have completed the process.* **or**

If the CCDF Parent Non-Compliance form and Repayment Agreement were not signed, mail the CCDF Parent Non-Compliance form, Repayment Agreement, Case Narrative and supporting documentation to the address below.

Office of Early Childhood and Out of School Learning  
Attn: CCDF Repayment Agreement  
402 W. Washington, W-361, MS02  
Indianapolis, IN 46204-2739

***PLEASE NOTE:*** Parent Repayment Agreements are evaluated based on the information supplied by the Intake Agent. Therefore, it is imperative all relevant documents have been provided to the Office, as well as, a complete Case Narrative describing the process of determination / verification of an overpayment.

- STEP 8 Document the action taken in AIS case notes indicating if agreement was signed or unsigned.
- STEP 9 Scan all applicable documentation.



#### **4.3.1 REPAYMENT APPEAL POLICY**

*If repayment determination has been made and the Applicant and/or Co-Applicant disagree, a written appeal must be submitted following the appeal guidelines provided.*

## 4.4 REAUTHORIZATION

### REAUTHORIZATION

*Reauthorization is the process by which information is obtained to document an Applicant and Co-Applicant's CCDF eligibility. The Intake Agent may complete this through face-to-face interview, mail, or other acceptable means.*

### REQUIRED NOTIFICATION OF UPCOMING REAUTHORIZATION

It is the responsibility of the Intake Agent to notify the Applicant and Co-Applicant of the impending reauthorization at least 30 days prior to the current subsidy end date or the due date for documentation when using a alternate method of reauthorization (i.e. mail-in, fax, etc.) The notification may be made using computer generated letters or agency letters which contains similar information provided the mailing date has been documented. This notification will also serve as a ten (10) calendar day notice should the Applicant and Co-Applicant be determine ineligible at the time of reauthorization. If an Applicant or Co-Applicant is found to be no longer CCDF eligible, the ten (10) calendar day notice period will not be extended past the current subsidy end date.



#### 4.4.1 REAUTHORIZATION NOTIFICATION POLICY

*Notification of upcoming reauthorization must be provided to the Applicant, in writing, at least 30 days prior to the subsidy end date.*

### ◀ REAUTHORIZATION PROCESS ▶

The Intake Agent must conduct an eligibility reauthorization with each Applicant or Co-Applicant (both TANF and Non-TANF) **at least every six months.**



#### 4.4.2 REAUTHORIZATION ELIGIBILITY POLICY

*A reauthorization may be completed thirty (30) days before the subsidy end date, but never after.*

Reauthorization requires the Intake Agent to enter all relevant information into the Automated Intake Software (AIS). Prior to completing the reauthorization, the Intake Agent must determine if all necessary documentation is available to complete the reauthorization process. A partial reauthorization application may not be taken unless otherwise directed by the Office.

### REQUIREMENTS OF APPLICANT FILE

In addition, the Intake Agent will compile an Applicant file which must include all the applicable documentation listed below:

- ✓ All required verifications



#### **4.4.3 MAIL-IN REAUTHORIZATION DOCUMENTATION DATE POLICY**

*For an application not submitted in person, a valid TANF Impact referral or AJS referral and any documentation which does not change income but is dated prior to the subsidy begin date is acceptable.*

- ✓ Signed Rights and Obligations Form
- ✓ Application, State Form 805, with all eligibility criteria complete
- ✓ Application or Parent/Applicant Worksheet signed and dated



#### **4.4.4 CCDF APPLICANT SIGNATURE POLICY**

*During a face-to-face interview, the Applicant or Co-Applicant must sign and date the Application, State Form 805, upon completion of program authorization.*



#### **4.4.5 APPLICANT MAIL-IN SIGNATURE POLICY**

*A complete CCDF application not submitted in-person by Applicant or Co-Applicant must contain an Applicant or Co-Applicant's signature and date on the CCDF Parent Worksheet.*



#### **4.4.6 APPLICANT SIGNATURE POLICY**

*The signature of an Applicant or Co-Applicant may be original or facsimile*

- ✓ Application, State Form 805, signed by Intake Agent and dated with date of data entry into AIS



#### **4.4.7 INTAKE AGENT SIGNATURE POLICY**

*A complete State Form 805 Application must be signed by the CCDF Intake Agent upon completion of program authorization.*

- ✓ Current signed Provider Information Page (facsimile signatures are acceptable)
- ✓ Signed Hoosier Works for Child Care Card Authorization form, if applicable
- ✓ Complete TANF Referral, if required
- ✓ A copy of the pre-voucher
- ✓ A completed Parent/Applicant Worksheet, if applicable
- ✓ Other documentation, as required.

## REAUTHORIZATION WHILE ON LEAVE



### 4.4.8 REAUTHORIZATION WHEN ON LEAVE POLICY

*An Applicant or Co-Applicant completing reauthorization at a time when they are not actively participating in their documented service need due to approved leave or temporary incapacitation will be required to complete an income update eight (8) weeks after returning to their activity, if applicable.*

The application reauthorization process should provide for the collection of all relevant information to accurately complete the application, State Form 805, and ensure eligibility.



### 4.4.9 REAUTHORIZATION PROCESS POLICY

*A reauthorization may be completed in a manner which provides the opportunity to collect all relevant documentation from the Applicant and Co-Applicant including signature on either on the applicant, State Form 805, or CCDF Parent Worksheet.*

**PLEASE NOTE:** For more information on completing a reauthorization, see Section: DETERMINING ELIGIBILITY.

## ◀HOOSIER WORK FOR CHILD CARE CARDS▶

If a face-to-face interview is conducted for reauthorization, the intake agent should ask to view the Applicant's or Co-Applicant's Hoosier Works for Child Care card. If they state they do not have their card, a replacement card should be issued. The intake agent should also remind them they may not leave their card with the provider or give the card to someone picking up their child. Allowing someone else to use their child care card could result in termination of benefits.

If a parent has an active child care card in their possession, it is not necessary to issue a new Hoosier Works for Child Care card. The card will continue to function once the reauthorization has been completed in its entirety. It is not necessary for the intake agent to provide additional card training at reauthorization, unless requested by the parent.

# MAINTAINING HOOSIER WORK CHILD CARE CARDS

## SECTION 5

## **5.1 MAINTAINING A SUPPLY OF HOOSIER WORKS FOR CHILD CARE CARDS**

### **GENERAL INFORMATION**

In order for CCDF recipients to access their CCDF benefits and CCDF providers to be paid, families will receive electronic childcare cards from the Intake Agent. This is also known as Over the Counter (OTC) issuance.

### **HOOSIER WORKS FOR CHILD CARE ◀ISSUING AND TRACKING OTC▶**

Each CCDF Intake Agent will be responsible for issuing and tracking OTC electronic swipe cards. Depending upon the number of staff in the CCDF Intake Agency, the agency should designate individuals to perform the following tasks.

### **INVENTORY CONTROL**

Inventory control involves ordering and maintaining OTC inventory. The individual responsible for inventory control must monitor the daily balance and security of card, ordering additional cards when necessary, ensuring proper contents of each shipment, maintaining all inventory paperwork and records related to inventory and issuance, requesting an electronic inventory listing from the Office (if desired, see “Forms and Inventory” section), and reconciling inventory daily.

Intake Agents who have large card inventories on hand are encouraged to keep a separate “working” OTC inventory from a “bulk” OTC card inventory. The “working” inventory should be in a safe place, but relatively easy for the issuing Intake Agent to supply to CCDF families. The “bulk” inventory should be kept in a secure place at all times, until the “working” inventory needs to be replenished

### **CARD ISSUANCE**

Card issuance involves the activation and issuance of HW Cards to eligible CCDF recipients and their authorized user, if applicable. The individual responsible for card issuance must ensure proper recordkeeping is maintained for each card issued, be able to account for all cards handled and issued so inventory will balance accordingly, ensure cards are issued to individuals eligible for card usage, activate card with the system for use, provide adequate (State supplied) client training, answer client questions and complete client paperwork related to issuance of a HW Card. Additionally, if a client reports their card is lost or stolen, card issuance staff is responsible for deactivating the missing card immediately, and following the appropriate procedures for issuing the client a replacement card following proper procedures.



**PLEASE NOTE:** In some counties, these duties may be performed by the same person depending on size of staff. Additionally, assignment of the Inventory Control role is to be limited to as few staff members as possible, but as many as necessary (for example, one plus a backup) to ensure that the procedures are completed. Card issuance staff might involve several people depending on the volume of cards being distributed on a regular basis.

## HOOSIER WORKS FOR CHILD CARE ◀ORDERING OTC CARDS▶

**PLEASE NOTE:** All shipping charges will be billed to and paid by the state.

Cards are to be ordered **quarterly** during the last month of each quarter (March, June, September, and December), **by region**. All regions will be contacted with a reminder at the beginning of each month, indicated above. Orders are due by the end of the notification month. NOTE: Not all offices will need to submit an order each and every quarter, depending upon the volume of cards issued and those remaining.

### STEPS TO ORDER OTC HOOSIER WORKS CARD

**PLEASE NOTE:** Cards are to be ordered in multiples of 100 (100 cards to a box), with the minimum order for a region consisting of 100 cards or one (1) box, and in multiples of 100.

- STEP 1 Inventory controller for the region submits their offices' orders by completely filling out Section 1 of the Vault Card Replenishment Order Form, and faxing to the Office (317) 234-6905
- STEP 2 The office supervisor must sign the order.

Emergency orders **MUST** be signed by your regional CCDF Policy Consultant. **Please** do everything possible to adhere to the above schedule and limit emergency orders. Repeated emergency orders, including those submitted not long after the regular due date, is indicative of the need for more cautious and attentive inventory monitoring.

- STEP 3 At the close of the ordering time frame (end of the month), the Project Office will submit the total order to ACS and request a shipping date. Intake Offices will be notified of this shipping date.
- STEP 4 Manufacturer ships orders directly to the central regional office by the specified shipping date – signature required upon delivery.
- STEP 5 Upon receiving and signing for shipment, the inventory controller completes Section Two of the order form and faxes it to the Project Office verifying receipt of or indicating any problems associated with shipment. The shipment will include printed inventory listing in card order sequence. Electronic copies of this inventory are available by contacting the Office at 317-234-6905.
- STEP 6

**PLEASE NOTE:** *The Office, in conjunction with the local Intake Agent supervisor will be responsible for investigating lost/missing or “short” shipments.*

## STEPS TO VERIFYING YOUR SHIPMENT

Upon Receipt of OTC cards, the Intake Agent should:

- STEP 1 Verify the number of cards received against the number ordered.
- STEP 2 Check the condition of the cards.
  - If it is discovered a card is damaged, the card number should be logged and a hole cut in the magnetic stripe. Defective/Destroyed cards may be stored with the bulk inventory cards but they should be separated so as not to damage any other cards or not to reissue to *CCDF families*.
- STEP 3 Place the box(es) in a secure location.
- STEP 4 When distributing the regional order to your county office, distribute by box/multiples of 100. Do not distribute by dividing boxes of 100 into new amount.

## ◀ISSUING OTC HOOSIER WORKS CARDS▶

### WHEN TO ISSUE AN OTC HOOSIER WORKS CARD

The Intake Agent may issue OTC cards to:

- ✓ New CCDF Applicant and Co-Applicant
- ✓ Applicant or Co-Applicants who have a lost, damaged or stolen OTC card
- ✓ One (1) Authorized Representative requested by the Applicant or Co-Applicant

### OTC HOOSIER WORKS CARD ISSUANCE GUIDELINES

Any person wishing to receive an OTC card as noted above must have one form of ID as noted in the CCDF Policy and Procedures Section Verification of Identity.

The Intake Agent must document:

- ✓ Name of individual receiving the OTC Card
- ✓ Relationship of the cardholder to the Applicant
- ✓ Signature of individual receiving the OTC Card
- ✓ Signature of Applicant, if the card is for an authorized user
- ✓ Date issued
- ✓ Reason for the card issuance
- ✓ Sixteen (16) digit number of the OTC Card or a photocopy of the front of the card for the Applicant file
- ✓ Signature of the Intake Agent who issued the OTC Card.



#### 5.1.1 OTC CARDS SIGNATURE POLICY

*Cards issued as replacement for lost, stolen or inoperable cards may be issued using a facsimile of the individual's signature.*

After issuing the card, all of the following must occur

- ✓ The person receiving the HW Card must sign the back of the card immediately.
- ✓ The Intake Agent must provide state supplied client training materials.
- ✓ The Intake Agent will instruct the cardholder to call the PIN Select Line in 24 hours to select a PIN (Personal Identification Number).

## ◀RETURNED OTC HOOSIER WORKS CARDS▶

The Intake Agent must log all returned cards, regardless of how they are returned. The Intake Agent should try to locate the Applicant so the Applicant may retrieve the card. If the client cannot be found and does not pick up the card *within ten (10) business days* from the day contact was attempted/made, it should be destroyed. Additionally, returned cards are to be kept in a secured location until either reclaimed by the Applicant or destroyed. The card is destroyed by hole punching (or scratching) the magnetic stripe. Destroyed cards should be kept in a secure location with other damaged cards for auditing purposes. Whether the client is located and picks up the card, or the card is unclaimed and destroyed, the action taken is to be documented by the Intake Agent on the “Returned Card Log” form.

## ◀FORMS AND INVENTORY▶

You must keep adequate documentation and records related to HW Card issuance for three (3) calendar years. All forms are to be used as they originally appear for consistency and auditing purposes.

If you are familiar with Excel, you may also request an electronic Excel version of this listing if you would find it helpful in your inventory and issuance activity. After it is emailed to you, you may then simply copy and paste the electronic listing into your Hoosier Works for Child Care Daily Card Issuance Log you have already saved electronically. Then, print the document and fill in the remaining columns appropriately. (You MAY overwrite the card listings pasted within the spreadsheet because you are required to print these documents for use in daily issuance tracking, and keep as records for three (3) calendar years). This electronic process simply eliminates the need for card issuance staff to manually write the card numbers being issued. If this is NOT your offices’ preferred method, you will still need to print the document (the log), make copies, and will be required to manually write each card number upon issuance.

Please note that for security reasons, card numbers are not numbered in an obvious manner (XXXXXXXXXXXXXXXXX1, XXXXXXXXXXXXXXXXXXX2, and so forth). When conducting inventory procedures, you will not be able to subtract the first card number from the last card number to determine quantity of cards. You will need to take care in using the listing sent with the shipment, and/or the identical electronic version as a tool in monitoring your inventory.

**PLEASE NOTE:** *DO NOT randomly select card to issue. They must be issued to clients in the order they are listed (front of box to back of box). Random issuance could result in tracking errors.*

## ◀OTC HOOSIER WORKS INVENTORY FORMS▶

The following forms have been provided for the maintenance of OTC Hoosier Works Cards.

- Bulk OTC Card Inventory Form
- Hoosier Works Child Care Authorization
- Hoosier Works for Child Care Daily Card Issuance Log (Excel)
- Daily Hoosier Works Card Inventory Reconciliation Form
- Returned Card Log
- Vault Card Replenishment Order Form

# NON COMPLIANCE

## SECTION 6

## 6.1 ADVERSE ACTION

### ADVERSE ACTION

*Adverse action is an action toward an Applicant or Co-Applicant that includes denial of services, the potential of termination of services, increase in co-pay or reduction in services. CCDF Applicant / Co-Applicant and CCDF Eligible Providers must be notified at least 10 calendar days before an Adverse Action can be imposed.*

An adverse action written notice must be provided if the Applicant and Co-Applicant are facing a potential loss of services for reasons which include, but are not limited to, the following:

- A request to provide additional documentation
- A request to provide new documentation
- A requirement to select a new CCDF Eligible Provider



#### 6.1.1 CCDF ELIGIBLE PROVIDER NOTICE POLICY

*An Applicant and the Applicant's provider must be notified in writing at least 10 calendar days before an adverse action can be imposed unless the adverse action is to occur at the Applicant's subsidy end date.*

If an Applicant or Co-Applicant has not appropriately responded to the Adverse Action request in a timely manner, the CCDF subsidy shall be terminated. Any reimbursement made after the Intake Agent's failure to timely terminate an unresolved Adverse Action will be considered an inappropriate payment and may require a payment reduction and/or repayment from the Intake Agent.

### ADVERSE ACTION EXCEPTION

#### ◀ PROVIDER SEARCH EXTENSION ▶



#### 6.1.2 PROVIDER SEARCH EXTENSION POLICY

*An Applicant, who is unable to obtain a CCDF Eligible Provider within the (ten)10 day adverse action period, may request an additional four (4) weeks to complete their search. However, child care benefits will not be paid during this period. Should an Applicant have a reauthorization prior to the end of their search period, the application may be re-activated on appeal when a qualified CCDF Eligible Provider has been located.*

### STEPS FOR PROVIDER SEARCH EXTENSION

- STEP 1** Obtain a written statement from the Applicant or Co-Applicant requesting additional time to find a qualified provider.

- STEP 2 Refer the Applicant or Co-Applicant to the local CCRR for assistance in finding a CCDF Eligible Provider.
- STEP 3 Assign the CCDF Eligible Child's voucher to Pending Provider for the extended search period.
- STEP 4 If a CCDF Eligible Provider is found, complete the authorization, as requested

If the Pending Provider voucher has been swept, extend the existing Pending Voucher and complete the authorization by completing a provider change.

If the Applicant and Co-Applicant are required to complete a reauthorization prior to the expiration date of the extended search period, the case will terminate but may be activated on appeal using the Applicant or Co-Applicant's written statement as documentation.

If a CCDF Eligible Provider is not found, the Child shall be terminated.

## ◀PARENT NON-COMPLIANCE / INELIGIBLE▶

The Office or the Intake Agent may determine a parent is non-compliant with CCDF Policies or ineligible for CCDF subsidy.

### REASONS FOR DENIAL OF AN APPLICANT APPLICATION

An Applicant and Co-Applicant's application or reauthorization application will be denied for any of the following reasons:

1. CCDF Household income does not meet financial eligibility
2. CCDF Household does not meet service need requirements
3. Co-pay exceeds total weekly subsidy
4. Child who is the primary beneficiary of service is not a US citizen, qualified alien and/or resident of Indiana
5. CCDF Applicant is not a resident of Indiana
6. Failure to provide complete information at time of authorization, reauthorization or update
7. Failure to respond timely to Adverse Action written notice
8. Misrepresenting, concealing or withholding information on the Application, State Form 805
9. Failure to select a CCDF eligible provider
10. Failure to remain current on any existing repayment agreements determined by the Office
11. CCDF funding is not available within the county of residence
12. Previous substantiation of welfare fraud, any component of fraud, or illegal receipt of government funds
13. Repeated, substantiated violations of CCDF policies and procedures
14. Pending criminal charges for fraud or any component of fraud

**REASONS AN APPLICANT APPLICATION MAY BE TERMINATED**

An Applicant and Co-Applicant's subsidy may be terminated for any of the following reasons:

1. Failure to respond to requests for additional information from the Office or its agents within the required time frame.
2. Failure to pay weekly co-pay owed, if reported within 30 days from first missed payment.
3. Failure to document a CCDF eligible child's attendance in the manner required by the Office.
4. Allowing an unauthorized person, including the CCDF eligible child care provider, to document attendance for the CCDF eligible child.
5. Submitting attendance claims for care that was not provided at the authorized address.
6. Submitting attendance claims for time the CCDF eligible child was not in attendance, with the exception of approved holidays and personal days, as allowed by the Office.
7. Allowing an unauthorized person, including the CCDF eligible child care provider, to possess a CCDF card, card number, or Personal Identification Number, password or any other tool for entering electronic attendance information, as applicable.
8. Excessive provider changes as determined by the Office.
9. Repeated, substantiated violations of CCDF policies and procedures
10. Failure to remain current on any existing repayment agreements determined by the Office
11. Failure to select a CCDF eligible provider

**REASONS FOR TERMINATION OF AN APPLICANT APPLICATION**

An Applicant and Co-Applicant's subsidy **will be** terminated for any of the following reasons:

1. Failure to complete reauthorization within the required time frame
2. Failure to provide complete information at time of authorization, reauthorization or update
3. CCDF Household income does not meet financial eligibility
4. CCDF Household does not meet service need requirements
5. Co-pay exceeds total weekly subsidy
6. Child who is primary beneficiary of service is not a US citizen, qualified alien and/or resident of Indiana
7. CCDF Applicant is not a resident of Indiana
8. Misrepresenting, concealing or withholding information on the Application, State Form 805
9. Failure to report loss of service need, unless there is a valid, up to date repayment agreement in place
10. Failure to fully reimburse CCDF eligible in-home (nanny) provider
11. CCDF Applicant and/or Co-Applicant and/or Child is no longer eligible
12. CCDF Applicant and/or Co-Applicant is a child care provider and has received CCDF reimbursement for caring for a child for whom they have physical custody
13. Co-pay which exceeds total weekly subsidy
14. Substantiated welfare fraud, any component of fraud or illegal receipt of government funds



15. Substantiated solicitation of a CCDF eligible provider to commit CCDF program fraud
16. CCDF funding is no longer available within the county of residence

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## ◀APPLICANT APPEAL PROCESS▶

The Intake Agent must inform the Applicant / Co-Applicant of the Parent Appeal Procedure at time of initial authorization and reauthorization.

### STEPS FOR APPLICANT APPEAL

When any adverse action is taken such as termination, or increase in co-pay, there is a three step appeal process.

- STEP 1** Within ten (10) calendar days of receipt of adverse action letter or subsidy expiration date, the Applicant or Co-Applicant must send a written request of appeal to the Intake Agent.

The Intake Agent has ten (10) calendar days to review the request and respond in writing. This response must provide information on the next step of the appeal process. The Intake Agent will document research to support any decision made. The documentation shall be scanned into the case file.

- STEP 2** If the Applicant or Co-Applicant is not satisfied with the decision of the Intake Agent supervisor, the Applicant or Co-Applicant must send written request for appeal to the CCDF Policy Manager within fifteen (15) calendar days of receipt of the denial letter from the Intake Supervisor.

Office of Early Childhood and Out of School Learning  
Attn: CCDF Policy Manager - CCDF Appeals  
402 West Washington Street, W-361, MS-02  
Indianapolis, IN 46204-2739

The CCDF Policy Manager has fifteen (15) calendar days to review the request and respond in writing. This response must provide information on the next step of the appeal process.

- STEP 3** If the Applicant or Co-Applicant is not satisfied with the decision of the CCDF Policy Manager, they have fifteen (15) calendar days from receipt of letter from the CCDF Policy Manager to submit a final written request for appeal to the:

Office of Early Childhood and Out of School Learning  
Attn: Director - CCDF Appeals  
402 West Washington Street, W-361, MS-02  
Indianapolis, IN 46204-2739

The Director has fifteen (15) calendar days to review the decision of the CCDF Policy Manager and respond in writing. The decision of the Director is FINAL.



#### 6.1.3 APPLICANT APPEAL POLICY

*If an Applicant and Co-Applicant are terminated from the CCDF Voucher Program, a written appeal must be submitted following the appeal guidelines provided.*

**PAYMENT OF SERVICE DURING APPEAL**

Service for child care provided during an Applicant and Co-Applicant's appeal will not be reimbursed after the ten (10) calendar day notice. However, if a finding is held in the Applicant and Co-Applicant's favor, all child care during the appeal process will be paid retroactively provided the Applicant or Co-Applicant completes reauthorization timely, has a service need during the entire appeal period, and has utilized child care through a CCDF Eligible Provider. After an appeal, the Applicant and Co-Applicant who are able to demonstrate a current service need, but are unable to document a service need during the entire appeal period, may reauthorized using their current service need.

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## 6.2 PROGRAM ABUSE OR FRAUD

### PROGRAM ABUSE

*Program abuse is defined as any false reporting of fact or information, providing false documentation or the omission of facts by the Applicant or Co-Applicant.*



### 6.2.1 INTAKE AGENT FRAUD RESPONSIBILITY POLICY

*A determination by an Intake Agent of suspicious or fraudulent activity on the part of a Applicant, Co-Applicant or CCDF eligible provider must be referred to the Office's CCDF fraud coordinator.*

The Intake Agent is expected to report all suspicions of fraudulent activity in the CCDF program to the CCDF Fraud Coordinator on the form provided. Should the Intake Agent fail to report any fraudulent activity which is defined in the contract as being within the scope of the intake duties, the Intake Agent will be held accountable for any over-payment further it would be considered a failure to perform contract obligations.

### REPORTING FRAUD

Fraud may be reported to the Office in variety of ways. Applicants, Co-Applicants, child care providers and concerned citizens by contacting:

- Fraud Hotline 800-403-0864 (Select option 1 and then option 2. When prompted enter zip code; or
- [ReportFraud@fssa.IN.gov](mailto:ReportFraud@fssa.IN.gov); or
- FSSA Compliance Division, Room E-414, 402 W Washington Street, Indianapolis, IN 46204

### INTAKE AGENT ROLE

The intake agent is expected to take action and/or report program abuse. These instances include, but are not limited to:

#### Applicant and Co-Applicant Program Abuse

The Intake Agent should take appropriate action to obtain evidence of program abuse through verification of information from the source prior to submission of a fraud referral to the CCDF Fraud Coordinator.

- Failure to report a biological or custodial adult as a household member
- Failure to report other forms of income, including child support, second employment, and etc.
- Submission of suspicious documentation, including, but not limited to wage verification

#### Provider Program Abuse

Any of the following instances should be reported to the appropriate CCDF Policy Consultant, in writing.

- Providing care at an address which has not been licensed, registered or certified
- Allowing other individuals not properly certified to provide child care

- Providing care at an address which differs from the address indicated on the Applicant's Provider Worksheet and/or CCDF Child Care Voucher
- Having possession of or using the Applicant's Hoosier Works for Child Care card or having possession of card numbers or pin numbers
- Submission of suspicious, false or misleading documentation.

#### **Intake Agent Fraud**

Any of the following instances should be reported to the CCDF Fraud Coordinator.

- Suspicious activity by an employee
- Suspicion of program abuse in receipt of CCDF benefits by any employee of the agency.

### **COMPLIANCE DIVISION REPAYMENT DETERMINATION**

If the Compliance Division makes a determination of overpayment, it may be referred to the Intake Agent for completion of a Repayment Agreement. The Intake Agent shall:

STEP 1 Complete the CCDF Parent Non-Compliance form, CCDF Parent Repayment form, and Case Narrative, when applicable.

STEP 2 If Applicant is present, provide a copy of the forms for signature, excluding the Case Narrative. **or**

If Applicant is present, but refuses to sign, provide a copy of the forms, excluding the Case Narrative, as well as, the CCDF Compliance Division Repayment Appeal form. **or**

If Applicant is not present, mail a copy of the forms, excluding the Case Narrative, to the Applicant including the CCDF Compliance Division Repayment Appeal form.

STEP 3 Mail signed or unsigned original forms with the Case Narrative and supporting documentation to the following address:

Office of Early Childhood and Out of School Learning  
Attn: CCDF Repayment Agreement  
402 W Washington, W-361, MS02  
Indianapolis, IN 46204-2739

STEP 4 Document action taken in AIS case notes indicating if agreement was signed or unsigned.

STEP 5 Scan all applicable documentation.

## 6.3 PROVIDER COMPLIANCE / NON-COMPLIANCE

### ◀PROVIDER COMPLIANCE▶

Effective July 1, 2002 the General Assembly passed legislation that requires all child care provider to comply with certain health and safety standards prior to their participation in the Child Care and Development Fund Voucher Program.

Effective July 1, 2005 the General Assembly passed legislation stating licensed child care homes and licensed child care centers would be considered compliant with CCDF Provider Eligibility Standards as long as their Indiana license is valid. Effective July 1, 2013 the General Assembly passed legislation stating a licensed child care home and licensed child care center under Revocation action are not eligible for participation in the Child Care and Development Fund Voucher Program.

Unlicensed child care providers, however, must demonstrate compliance with the CCDF Provider Eligibility Standards with written documentation as well as home/facility inspection.



#### 6.3.1 PROVIDER ELIGIBILITY STANDARDS POLICY

*A CCDF eligible provider must assure CCDF Provider Eligibility Standards are maintained at all times. Failure to maintain compliance may result in decertification through a Notice of Order.*

The Intake Agent will be notified of a child care provider's failure to comply with CCDF Provider Eligibility Standards by fax or email. It is imperative Intake Agents take action on Notification of Denial / Revocation timely to ensure Applicants and Co-Applicants receive adequate notice regarding the status of their current child care provider.

### STEPS FOR REMOVING CHILDREN FROM PROVIDERS WHO HAVE FAILED TO MAINTAIN COMPLIANCE WITH PROVIDER ELIGIBILITY STANDARDS

If an Applicant or Co-Applicant wishes to leave their child(ren) in the care of the ineligible provider, their CCDF subsidy will be terminated and future eligibility is subject to availability of funds. Ineligible CCDF providers who choose to file an appeal will not be reimbursed during the appeal process.

- STEP 1 The Office sends a "Notice of Order" letter to the child care provider. A copy of the Notice of Order is faxed or emailed to the Intake Agent requiring immediate action.
- STEP 2 The Intake Agent must determine if the provider has active vouchers. No action on the voucher is required at this time.

- STEP 3 When all active vouchers have been identified, the Intake Agent shall use the appropriate form letter (CCDF Provider NOO – Parent Notification Letter) provided to notify Applicant and Co-Applicant their child care provider is non-compliant with required CCDF standards. Applicants and Co-Applicants must be notified within three (3) calendar days of fax / email notification. A copy of the written notification shall be maintained in the Applicant's file.
- STEP 4 A courtesy copy of the Applicant or Co-Applicant written notification shall be sent to the appropriate child care provider.
- STEP 5 Payments shall not be made to the ineligible child care provider beyond the effective date of the Order as stated in the child care provider's Notice of Order.

**PLEASE NOTE:** The AIS software system will automatically move children assigned to an ineligible provider to Pending Provider effective the Sunday following the effective date of the Notice of Order.

- STEP 6 If an Applicant or Co-Applicant selects a CCDF Eligible Provider prior to the effective date of the order, the provider change shall be completed. However, if an Applicant or Co-Applicant has not selected a CCDF Eligible Provider or the ineligible provider has not been reinstated prior to the effective date of the Notice of Order, the Intake Agent shall issue a notice using the form letter (CCDF Provider Ineligible) provided, allowing ten (10) days to choose a new CCDF Eligible Provider to maintain their subsidy.

If an Applicant or Co-Applicant is unable to locate a CCDF Eligible Provider, they may make a written request for an extended provider search. See Steps for an Extended Provider Search pages 156 – 157.

**PLEASE NOTE:** Applicant's or Co-Applicant's questions regarding a CCDF child care provider's ineligibility should be referred to the provider. (Some denials or revocations may be based on confidential information.)

## **STEPS FOR REMOVING CHILDREN FROM LICENSED PROVIDERS WHO HAVE RECEIVED A NOTICE DUE TO A NEGATIVE LICENSING ACTION**

If an Applicant or Co-Applicant wishes to leave their child(ren) in the care of the ineligible provider, their CCDF subsidy will be terminated and future eligibility is subject to availability of funds.

- STEP 1 The Office sends written notice to the child care provider. A copy of the notice is emailed to the Intake Agent requiring immediate action.
- STEP 2 The Intake Agent must determine if the provider has active vouchers by using "View Provider". If the child care provider's name does not display, generate a Closed Provider with Recipients Report.
- STEP 3 When all active vouchers have been identified, the Intake Agent shall use the appropriate form letter provided to notify Applicant and Co-Applicant their child care provider is no longer an eligible CCDF Provider. The Applicant and

Co-Applicant should be given until the effective date of the notice to find a CCDF eligible provider. Vouchers may remain with the CCDF Provider until the Saturday following the effective date of the notice. Applicants and Co-Applicants must be notified within three (3) business days of notification. A copy of the written notification shall be maintained in the Applicant's file and scanned into their electronic file.

**STEP 4** A courtesy copy of the Applicant or Co-Applicant written notification shall be sent to the appropriate child care provider.

**STEP 5** Payments shall not be made to the ineligible child care provider beyond the effective date as stated in the child care provider's written notice.

**PLEASE NOTE:** *The AIS software system will automatically move children assigned to an ineligible provider to Pending Provider effective the Sunday following the effective date of the Notice of Order.*

**STEP 7** If an Applicant or Co-Applicant selects a CCDF Eligible Provider prior to the effective date of notification, the provider change shall be completed.

If an Applicant or Co-Applicant has not selected CCDF Eligible Provider prior to the effective date of the notice, the child(ren)'s vouchers will be terminated.

If an Applicant or Co-Applicant is unable to locate a CCDF Eligible Provider, they may make a written request for an extended provider search. See Steps for an Extended Provider Search pages 156 – 157.

**PLEASE NOTE:** *Applicant's or Co-Applicant's questions regarding a CCDF child care provider's ineligibility should be referred to the provider and/or the Office's Licensing Section.*

## ADDITIONAL PROVIDER NON-COMPLIANCES

### ◀SUSPENDING A CCDF ELIGIBLE PROVIDER▶

In certain situations where there are immediate concerns for the protection of children or the integrity of the provider, the Office may take adverse action against a provider affecting the ability to participate in the CCDF program.



#### 6.3.2 SUSPENDED PROVIDER REIMBURSEMENT POLICY

*Reimbursement will cease upon suspension or termination of a CCDF eligible provider.*

A suspension of a CCDF Eligible Provider can be effective immediately upon notice to the provider. The Intake Agent will be notified to immediately contact Applicant and Co-Applicants to select a new child care provider. The Applicant or Co-Applicant shall be referred to the local child care resource and referral agency if they need assistance selecting a new CCDF Eligible Provider.



## REASONS FOR SUSPENDING A CCDF ELIGIBLE PROVIDER

A CCDF Eligible Provider may be suspended by the Office from the CCDF program if they are not in compliance with any of the following policies.



**6.3.3** *CCDF Eligible Providers must care for the CCDF child at the address listed on the child care voucher.*



**6.3.4** *CCDF Eligible Providers may not possess or use a Hoosier Works for Child Care card, sixteen (16) digit card number, and/or personal identification number (PIN) to authorize electronic attendance transactions for any eligible child(ren). This policy also applies to child care staff as well as any members of the provider's household in which child care is provided.*



**6.3.5** *CCDF Eligible Providers may not require or coerce Hoosier Works for Child Care cardholders to provide their Hoosier Works for Child Care card or 16 digit card number and/or personal identification number (PIN).*



**6.3.6** *CCDF Eligible Providers must allow access to their child care center or home to any representative of the Family and Social Service Administration.*



**6.6.7** *CCDF Eligible Providers must allow unscheduled visits by a custodial adult of a child anytime the child care facility is in operation,*

## 6.6.8 ADDITIONAL REASONS FOR SUSPENDING A CCDF ELIGIBLE PROVIDER

An eligible CCDF child care provider may be suspended by the Office from the CCDF program under any of the following circumstances.

1. Death or serious injury of a child while in the provider's care pending the outcome of the investigation
2. A pending abuse or neglect charge against the provider, an existing employee or volunteer of the provider, or in the case of a licensed or legally license exempt child care home, a member of the provider's household
3. Substantiated health or safety hazard
4. Threatening behavior directed towards a representative of the Division or its agents
5. Providing false or misleading information on any form connected with the CCDF Voucher Program
6. Illegally operating a home or facility
7. Failure to respond to the Office's request for information, including but not limited to, written attendance records
8. Failure to meet the CCDF provider eligibility standards, IC 12-17.2-3.5
9. A substantiated health or safety hazard posing an immediate threat to the health or safety of the children in care.
10. Documentation of a CCDF eligible child's attendance, by the provider, in a manner not allowed by the Office

11. Failure to respond to a repayment agreement or to remain current with any repayment agreement in place with the Office
12. Failure to allow the Office or its agents access to the child care facility / home, child care staff and other child care records
13. Possession of a CCDF client's card, card number, personal identification number or other information enabling a provider to document a CCDF eligible child's attendance.
14. Requiring a CCDF client to allow the provider to possess their CCDF card, card number, Personal Identification Number, or any other means for recording electronic attendance
15. Charging the CCDF voucher program for time a CCDF eligible child was not in attendance, excluding approved holidays and personal days, as allowed by the Office
16. Charging the CCDF voucher program for time the CCDF eligible child was not cared for at the CCDF approved address
17. Substantiated violation of CCDF voucher program policies and procedures
18. Substantiated fraud, any component of fraud, or the illegal receipt of government funds by any governmental agency

### **ADDITIONAL PROVIDER NON-COMPLIANCES**

#### **◀TERMINATING A CCDF ELIGIBLE PROVIDER▶**

Termination of a CCDF Eligible Provider will become effective immediately upon notice. Payment will cease upon termination of the ineligible CCDF Eligible Provider. The Intake Agent will be notified to immediately contact the Applicant or Co-Applicant to select a new CCDF Eligible Provider. Applicants shall be referred to the local child care resource and referral agencies if they need assistance selecting a new CCDF Eligible Provider.

#### **6.6.9 REASONS FOR TERMINATING A CCDF ELIGIBLE PROVIDER**

A CCDF Eligible Provider will be terminated by the Office under any of the following circumstances:

1. A CPS substantiation of abuse or neglect against the provider, an existing employee or volunteer of the provider, or in the case of a licensed or legally license exempt child care home, a member of the provider's household
2. Substantiated fraud, any component of fraud, or the illegal receipt of government funds by any governmental agency
3. For licensed child care facilities / homes, the loss of licensure
4. Illegally operating child care facility or home
5. Repeated failure to meet CCDF provider eligibility standards under IC 12-17.2-3.5 even if insufficiencies have been corrected
6. Pending criminal charges for fraud, any component of fraud and/or CCDF voucher program policies or procedures by any governmental agency
7. Repeated substantiated violation of CCDF voucher program policies and procedures
8. Providing false or misleading information on any form connected with the CCDF voucher program

9. Charging the CCDF voucher program for time a CCDF eligible child was not in attendance, excluding approved holidays and personal days, as allowed by the Office
10. Charging the CCDF program for time a CCDF eligible child was not cared for at the approved CCDF address
11. Requiring a CCDF client to allow the provider to possess their CCDF card, the card number or Personal Identification Number, or any other means for recording electronic attendance.
12. Charging CCDF families for any liquidated damages or overages owed by the provider.

## STEPS FOR REMOVING CHILDREN FROM SUSPENDED OR TERMINATED PROVIDERS

If an Applicant or Co-Applicant wishes to leave their child(ren) in the care of the ineligible CCDF provider, their CCDF subsidy will be terminated and future eligibility is subject to availability of funds. Ineligible CCDF providers who choose to file an appeal will not be reimbursed during the appeal process.

- STEP 1 The Office will notify the Intake Agent of action required. Immediate action will be required.
- STEP 2 The Intake Agent must determine if the provider has active vouchers.
- STEP 3 When all active vouchers have been identified, the Intake Agent shall use the form letter provided to notify Applicant or Co-Applicant that their child care provider is no longer eligible to participate in the CCDF program. Applicants or Co-Applicants must be notified immediately. A copy of the written notification shall be maintained the Applicant or Co-Applicant's file.
- STEP 4 A courtesy copy of the Applicant or Co-Applicant written notification shall be sent to the appropriate child care provider.
- STEP 5 Payments shall not be made to the ineligible CCDF provider beyond the suspension or termination date.

***PLEASE NOTE:*** The AIS software system will automatically move children assigned to an ineligible provider to Pending Provider effective the Sunday following the effective date of suspension or termination.

- STEP 8 If an Applicant or Co-Applicant selects a CCDF eligible provider within the notice period, the provider change shall be completed. However, if an Applicant or Co-Applicant has not selected a CCDF Eligible Provider or the ineligible provider has not been reinstated, prior to the notification date, the CCDF subsidy shall be terminated.

An Applicant or Co-Applicant may make a written request for an extended provider search. See Steps for Extended Provider Search pages 156 - 157.

***PLEASE NOTE:*** Applicant's or Co-Applicant's questions regarding a CCDF child care provider's ineligibility should be referred to the provider.

# PERFORMANCE STANDARDS

## SECTION 7

## 7.1 PERFORMANCE STANDARDS

The Intake Agent is required to maintain performance standards as related to the CCDF Program. These standards are as follows:

- An accuracy rate of less than 100% of client files reviewed by the State shall result in a reduction of the monthly payment to Grantee for active family case files found to have errors. In addition, if Grantee has two (2) consecutive months of an accuracy rate of less than 97% of client files reviewed, grantee shall be placed on a probationary status by the State for a period of three (3) months.
- Grantees on probationary status that have an accuracy rate of less than 97% of client files reviewed, shall incur a reduction of the monthly payment for active family case files found to have errors and for the direct services paid to providers on files found to be ineligible.
- If after three months on probation, the accuracy rate of files reviewed remains less than 97%, the State may terminate their CCDF contract agreement pursuant to Section VII **SUSPENSION AND TERMINATION** Paragraph A. of the contract agreement.

### ◀MONITORING AND AUDIT▶

The Office will conduct a review of CCDF recipient files to monitor compliance with CCDF rules. In addition, the Intake Agent may be audited by the FSSA Audit, State Board of Accounts, and/or Federal Audit.

### ◀MONITORING FOR INVALID VOUCHERS▶

#### REASONS FOR INVALID VOUCHERS

The CCDF Quality Assurance process includes the identification of invalid vouchers. Families or children appearing on the weekly QA report for any of the following reasons are ineligible to receive CCDF services:

- Employment service need with no wages recorded
- Child over 13 year old and not documented as special needs
- Child attending a closed provider

#### STEPS TO ADDRESS QA ERRORS

On the Monday following the QA report, the intake errors will be emailed to the agency's primary CCDF contact and sent by US mail a notification of identified cases. The following procedures must be followed:

- STEP 1 The Intake Agent will have thirteen (13) calendar days to update the data in the software and/or terminate the family.
- STEP 2 If the Intake Agent has not updated the data and the family or child still appears on the weekly QA report, the Intake Agent will receive notification via email and US mail requiring the termination of the application with ten (10) calendars notice.

## ◀MONITORING PROCESS FOR CCDF FAMILIES▶

In the course of monitoring a grantee, monitors may determine an applicant is ineligible for CCDF services or an improper payment has been authorized requiring action by the Intake Agent. This will result in a reduction and/or repayment. Monitors may also determine a case file has an administrative error that may not result in a repayment.

### STEPS FOR CORRECTING A MONITORING ERROR

Each Monday following this determination by the monitor, a letter will be emailed to the agency's primary CCDF contact. The following procedures must be followed:

- STEP 1 The Intake Agent will have 45 calendar days to resolve the non-compliance or terminate the case.
- STEP 2 Scan resolution of error if error can be corrected.
- STEP 3 If error cannot be corrected, scan statement that error cannot be corrected.
- STEP 4 If the Intake Agent does not agree with error, an appeal must be submitted on appeal form with policy manual section and documentation by noon on Friday following the non-compliance letter
- STEP 5 The Office will review appeal and provide notification of approval or denial within ten (10) business days of receipt of appeal.
- STEP 6 All denied appeals must provide the necessary documentation or terminate within 45 days of receipt of original letter.

## ◀INTAKE APPEAL PROCESS▶

### STEPS FOR AN INTAKE APPEAL PROCESS

The Intake has the right to appeal each case file reduction. The appeal form can be found in the back of this manual or obtained by emailing [BCCIntakeSupport@fssa.in.gov](mailto:BCCIntakeSupport@fssa.in.gov). The appeal timeline is as follows:

- STEP 1 An appeal must be received, via an email to Scanning Help, by the Friday following the date of notice, no later than 12:00 pm EST.
- STEP 2 Appeals must include all necessary documentation, the policy manual reference and any other relevant justification.
- STEP 3 The Office will approve or deny the appeal and notify the agency within ten (10) working days.
- STEP 4 If an appeal is approved, the reduction will not be required but the file may still need to be corrected within 45 days from the original date of notice.
- STEP 5 If an appeal is denied, reduction will be withheld and the file must be corrected or terminated, if necessary.

# **CCDF AGREEMENT CENTERS**

## **SECTION 8**

## 8.1 CCDF AGREEMENT CENTERS

### ◀THE MEMORANDUM OF UNDERSTANDING▶

Each Center Operating as an Agreement and Intake Agent must have a current (within the current contract year) signed Memorandum of Understanding (MOU). This MOU outlines the responsibilities of both parties in the delivery of service to CCDF households participating through a center contract. When implementing or changing policies or procedures, both parties should review the MOU to determine if such actions will violate their existing agreement.

### ◀GENERAL PRINCIPLES▶

#### CENTER RESPONSIBILITIES

In general, it is the responsibility of the Center Operating with an Agreement to:

- Determine preliminary eligibility
- Generate appropriate referrals for child care services
- Provide custodial adults with a printed referral, completed provider information page as well as general enrollment information
- Notify the Intake Agent of known changes in household circumstance with may affect participation in the CCDF program
- Complete all budget functions associated with their contract

#### INTAKE AGENT RESPONSIBILITIES

In general, it is the responsibility of the Intake Agent to:

- Check for new referrals
- Make an enrollment appointment available to agreement Applicants or Co-Applicants within five (5) business days of referral creation
- Determine eligibility
- Provide printed voucher to the Agreement Center upon authorization
- Maintain Applicant files
- Communicate any changes in child eligibility to the Agreement Center
- Act upon changes in household circumstance reported by the Agreement Center with within five (5) business days
- Notify the Applicant and Co-Applicant of impending reauthorization at least thirty (30) days in advance

### ◀CLIENT INITIAL APPLICATION▶

An Agreement Center Applicant or Co-Applicant applies for subsidy in the same manner as Intake Applicants and Co-Applicants. It is the responsibility of the Intake Agent to determine the appropriate authorization begin and end dates which correspond to the Applicant and Co-



Applicant's service need. It is also the sole responsibility of the Intake Agent to determine the amount of care authorized based upon a verified service need. (See Determining Eligibility Section for further information.)

While the Intake Agent is responsible for authorizing child care based upon a verified service need, the Intake Agent may not exceed the number of weeks or amount of funding authorized by the Agreement Center as stated on the Applicant or Co-Applicant's child care referral. However, the Intake Agent may reduce the amount authorized based upon the Applicant or Co-Applicant's verified service need.

For specific information on entering a CCDF application for an Agreement Center Applicant or Co-Applicant, please refer to your software procedure manual.

***PLEASE NOTE:*** Agreement Center's eligible child should not be added to an active intake application until after the Center's voucher end date.

## ◀CLIENT REAUTHORIZATION▶

The intake agent must conduct a reauthorization with each Agreement Center Applicant or Co-Applicant at least every six (6) months. This requires the Agreement Center to create a new child care referral for the Applicant or Co-Applicant. A reauthorization, including completion of a new Application, may be completed thirty (30) days before the subsidy end date, but never after.

### NOTIFICATION OF UPCOMING REAUTHORIZATION

It is the responsibility of the Intake Agent to notify the Applicant or Co-Applicant of the impending reauthorization at least (30) days prior to the subsidy end date. The notification may be made using computer generated letters, or agency letters which contain similar information provided the mailing date has been documented. This notification will also serve as the family's ten (10) calendar day notice of termination for failure to complete reauthorization timely. It is the responsibility of the Agreement Center to provide the Applicant or Co-Applicant with a referral at the time of reauthorization.

### METHOD OF REAUTHORIZATION

When completing a reauthorization (update), the Intake Agent may use a variety of methods including:

- Face-to-face interview
- Mail
- Fax with the assistance of the Center Operating with a CCDF Agreement

## ◀MAINTAINING AN APPLICANT FILE▶

An Applicant file is maintained in the same manner as any CCDF Applicant. (See Maintaining an Applicant File Section for more information)

## CCDF AGREEMENT CENTER

### ◀ MAINTAINING A WAITING LIST ▶

It is the responsibility of the Agreement Center to maintain a waiting list of families wishing to access their CCDF Center funds. It is the responsibility of the Intake Agent to maintain a waiting list for families currently participating through an Agreement Center who wish to gain access to CCDF Intake funds to allow for greater flexibility in provider selection.

As of the date of this manual, the AIS system will not allow the Intake Agent to place an active Agreement Center child on the AIS waiting list. Therefore, it is the responsibility of the Intake Agent to maintain a manual waiting list. Custodial Adults on this list will be placed at the front of the AIS waiting list and will be first to be notified when funds become available.



#### **8.1.1 CCDF CONTRACT CENTER PARTICIPATION POLICY**

*A child may not actively participate in the Agreement Center program and the CCDF intake program simultaneously.*

# **805 FORMS**

## **SECTION 9**

## CHILD CARE and DEVELOPMENT FUND (CCDF) Pre-application (v10-14)

Date Completed \_\_\_\_\_ Phone: Area Code (\_\_\_\_\_) Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Are you (check one) ☐ Working or ☐ Attending School? If you are working, are you paid ☐ Weekly ☐ Bi-Weekly ☐ Other \_\_\_\_\_

Is a spouse/parent of the child(ren) living with you? ☐ Yes ☐ No If yes, are they ☐ Working ☐ Attending School or ☐ Other \_\_\_\_\_

If spouse/parent is working, are they paid ☐ Weekly ☐ Bi-Weekly ☐ Other \_\_\_\_\_

**PLEASE NOTE: YOU MUST ATTACH A COPY OF A RECENT PAY-STUB FOR YOURSELF AND OTHER ADULT, IF APPLICABLE. IF SELF EMPLOYED ATTACH TAX FORM SCHEDULE C(not more than 6 months old) or STATEMENT OF PROFIT AND LOSS.**

Complete the table below for ALL household members including yourself.

LIST ALL MEMBERS OF THE HOUSEHOLD Last Name, First Name	Date of Birth	Social Security Number (Optional)	Does child need child care services?	Does child have special needs? (See Note)	Relationship to Applicant	Licensed Foster Parent
		xxx-xx-	N/A	N/A	SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No
		xxx-xx-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		xxx-xx-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
		xxx-xx-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
		xxx-xx-	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A

**Special Needs Note:** Child must be enrolled in Children with Special Health Care Services, First Steps, Public School Special Education (IEP), or Head Start (professionally diagnosed with disabilities); receiving Supplemental Social Security, or have a statement from health professional. (Documentation must be submitted.)

### Other Sources of Income

Child Support \$ \_\_\_\_\_ month

Social Security \$ \_\_\_\_\_ month

TANF\* \$ \_\_\_\_\_ month  
(\*Documentation of TANF is required)

Unemployment \$ \_\_\_\_\_ month

Other \$ \_\_\_\_\_ month

*I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this pre-application when and if I complete an application for services.*

Signed, \_\_\_\_\_ Date \_\_\_\_\_

Your pre-application must be renewed every 90 days. This process is initiated by the Intake Agency by mail. Please notify the agency of any changes to your application, including address.

Check all categories which best describe who is currently watching your child(ren).  
☐ Licensed Child Care Center  
☐ Licensed Child Care Home  
☐ Unlicensed Registered Child Care Ministry  
☐ Friend / Relative / Neighbor  
☐ Head Start  
☐ Pre-School  
☐ Before/After School Program  
☐ Boys/Girls Club  
☐ Nanny (In my own home)  
☐ No one at this time  
☐ Other \_\_\_\_\_

## Child Care and Development Fund (CCDF) TRANSFER FORM (V10-14)

Please transfer my child care from **County** \_\_\_\_\_ to **County** \_\_\_\_\_. **Date of Move** \_\_\_\_\_

**NOTE: Your child's current voucher will end the Saturday following your move date or the Saturday following the date form is received, whichever is later.**

**Applicant Name (Print)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**OLD ADDRESS (Street)** \_\_\_\_\_ **(City)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

**NEW ADDRESS (Street)** \_\_\_\_\_ **(City)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

**List ALL CCDF Household Members at New Address:**

**Internal Use**

FIRST NAME	LAST NAME	BIRTH DATE	RELATIONSHIP	New to Household	AIS voucher
			Self	NA	NA
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your transfer request has been processed. **You must** contact the CCDF

Intake Office marked below no later than \_\_\_\_\_ to complete  
(30 days from move date)  
your application or it will be denied.

<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 1A Geminus 219-757-1874	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 3 Children's Bureau 317-545-5281
<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 1B KV Works 219-879-8812	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 4A Casy 812-232-3952
<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 1C Children's Bureau 765-838-3805	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 4B 4C's 812-423-4008
<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 2A CANI 260-423-3546	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 5A Children's Bureau 317-535-3326
<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 2B Children's Bureau 765-381-0210	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> 5B River Valley 812-273-9270

FOR INTERNAL USE ONLY			
Applicant's Name			
Applicant's Current Case Number			
Voucher End Date			
# of semesters or terms completed using CCDF funding		# of weeks of Job Search used in the previous 12 months	
		Job Search begin date	
Completed by:		Date:	
Phone/Email:			

# CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (V10-14)

Parent (Guardian) Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Business Name (if applicable) \_\_\_\_\_

Street Address (where care is provided) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security or EIN Number (last 4 digits only) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Days (Please circle) S M Tu W Th F S

Type of Provider	
<input type="checkbox"/> Licensed Home	License # _____
<input type="checkbox"/> Licensed Center	License # _____
<input type="checkbox"/> Registered Ministry	Registration # _____
<input type="checkbox"/> License Exempt Home	
<input type="checkbox"/> License Exempt Facility	
<input type="checkbox"/> Providing care in child's home	

Child's Name (first & last)	Child's Age Years / Months		Kindergarten <i>Indicate</i> HD = ½ Day FD = Full Day	Current Charge (List charges for School-Age School Year) Week / Day / Hour			Charge for next age group (If child is currently 2 list charge at age 3) Week / Day / Hour			School-age (List charges for summer/evening care) Week / Day / Hour			Provider's Current Paths to QUALITY ™ Level

## FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins \_\_\_\_\_ Ends \_\_\_\_\_

Does school-age child need break care vouchers? \_\_\_\_ No \_\_\_\_ Yes  
If yes, a school schedule must be provided.

## PROVIDER AFFIRMATION

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. (Available on [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, \_\_\_\_\_

Are you related to the children listed above? \_\_\_\_ If yes, explain \_\_\_\_\_

**PLEASE NOTE:** Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

**Parent / Guardian:** Your caregiver must complete this information in its entirety. Your CCDF provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility.

**PROVIDER:** Please complete all information and sign the form in the box to the left.

If you have any questions, please contact \_\_\_\_\_

**Parent/ Applicant Worksheet (Child Care and Development Fund Voucher Program) (V10-14)**

Parent Name		AIS Case Number		SSN (optional) xxx-xx-	Home Phone, including area code:	Other Phone, contact number:
Street Address		City		Zip	County	Is this a new address?

List adults in household: First Name, Last Name	Birth Date:	Specify Relationship to Parent:	Working Yes or No	School Yes or No	Highest grade completed	Hours working or in school per week	Hours needed for travel per week	Hours needed for study per week	Days per week care is needed S, M, Tu, W, Th, F, S
SELF									

List your children living in household First Name, Last Name	Birth Date	Relationship to Parent/Applicant	Check if child needs care	Indicate which parent(s) are Living in household	Earliest Drop-off <i>Indicate AM or PM</i>	Latest Pick-up <i>Indicate AM or PM</i>	Do you have a new provider Yes or No
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			
			<input type="checkbox"/>	<input type="checkbox"/> Mother <input type="checkbox"/> Father			

INCOME SECTION (Received in previous 30 days)			
Income Source	Monthly Amount	For Whom	Verification must be attached
Child Support			Completed Child Support Declaration form provided
Social Security			Award letter, check stub, or verification from agency
Supplemental Social Security			Award letter, check stub, or verification from agency
TANF			Award letter, check stub, or verification from agency
Unemployment			Uplink Claimant Homepage or verification from agency
Wages, Salary			Pay stub, or Cancelled Check (front and back) and Wage Detail Form
Housing Assistance			None
Food Stamps			None
Work Study			None
Other			Attach appropriate documentation
Other			Attach appropriate documentation

I live in \_\_\_\_\_ school district.

<p>Parent/Applicant Statement:</p> <p>By my signature below, I hereby certify all the information submitted on this document is true and correct to the best of my knowledge. I may be requested to verify these statements and by my signature, give my consent to the agency from where I am requesting information to make any necessary contacts to verify any statement. I understand the information I have provided is private and may not be seen by the public. Further, I understand I may lose my child care if I fail to report a changes to my intake agent within 10 days, if I fail to use my Hoosier Works for Child Care card to electronically document my child(ren)'s attendance, fail to pay my child care provider the required co-payment or fail to utilize my child care for more than 60 days.</p> <p>Signed, _____ Date _____</p> <p><b>ATTENTION:</b> The income and residency documentation you submit must be dated <u>no more than 30 days before</u> the date you sign this worksheet.</p>
--

*Failure to attach ALL required documentation will result in termination of child care benefits without notice. (Use application checklist to assist in preparation of worksheet for mailing.)*

Application For Child Care Services: Bureau of Child Development  
Instructions for completing SF 46513 / BCD 0805

**NOTE:** All information on this form is required for Federal or State reporting requirements. ALL information MUST be collected prior to determining eligibility: including Social Security Numbers for applicant(s) and children.

For the purposes of this program **FAMILY** is defined as: One or more adults and children, related by blood or law, residing in the same household. Where adults other than spouses reside together, each is considered a separate family. Wards of the Local Office of Family and Children are the legal responsibility of the local Office of the Division of Family and Children and not the family with which the child has been placed.

COMPLETE ALL UNSHADED AREAS / SHADED AREAS WILL BE COMPLETED BY THE VOUCHER AGENT.

**Section A: Applicant Information**

1. Full name of applicant (head of family)
2. Full mailing / physical address of applicant
3. Circle if the applicant is legally single. NA is appropriate only for children who are wards of the court through the Office of Family and Children.
4. Name / county ID number of the applicants resident county and School District Number.
5. Phone of applicant or contact phone number.

**Section B: Applicant Family Information**

1. Include names for all FAMILY members living in the household.
2. List date of birth for all family members.
3. Y if a US citizen and N if not a US citizen
4. Y if adult family member is a custodial parent and N if not.
5. List relationship to applicant (son / daughter / boyfriend / grandchild, etc.)
6. Gender Code only: 1 for Male / 2 for Female
7. Social Security Numbers are MANDATORY and NOT optional to be eligible for child care assistance. RID number may be used as a temporary number for TANF families.
8. Indicate if each family member is a Medicaid or Hoosier Healthwise participant with a Y or N.
9. Indicate if family member is a TANF recipient or not by Y or N.
10. Indicate, by using Y or N, if each family member is of Hispanic or Latino ethnic background.
11. Find the Race Code number at bottom of page. Each column MUST have a Y / N for each race indicator.
12. Use the Service Need Code number at the bottom of page to indicate service need OF THE ADULT FAMILY MEMBERS.

**Section C: Family Income / Size Information**

1. Include the name of each person receiving income/
2. Total gross monthly amount for income received in the previous 30 days. Use the INCOME SOURCE info at the bottom of page to total all income. Income of children under 16 yrs. is not counted, except TANF and SSI. Income reported in # 3, 4, 5 and 11 are reported, and can be declared by applicant, however is NOT used in determining eligibility. NO income is counted for Service Need #4: Child Protection Services
3. List all Income Source Codes for each individual.
4. Total number of adults in family.
5. Total number of children in family.
6. Total number in family.
7. Total family income.
8. Poverty level of family based on scale.

**Service Codes:** Use these boxes / codes to complete the family information. In determining income be sure to subtract income from lines 3, 4, 5, and 11 before determining eligibility. Income on these lines may be declared by the applicant, available documentation should be included in the family file.

**Section D: Education**

To be completed for each family member as follows:

1. Name of family member.
2. Highest grade level completed by each adult family member.
3. Highest degree attained by each adult family member.
4. Start date of school for current year, if applicable.
5. End date of school for current year, if applicable.
6. Indicate with a Y or N if a preschool age child is receiving Preschool Services through the child care provider site.

**Section E: Signatures:** space has been provided along each statement for parent to initial upon reading statement.

Applicant MUST read or have read these statements, sign and date form prior to determining eligibility.

Agency person MUST sign and date

Original Date of Application: The date the family first came in and applied for assistance. This date will remain the same.

The duration of the family receiving assistance UNLESS there is a greater than 3 month break in service.

Date of Eligibility: Date family is determined eligible by Voucher Agent.

Date Child Care Subsidy Begins: First service need date that will be covered through funding.

Date Child Care Subsidy Ends: Last date of eligibility as determined by this 805 application.

Re-determination date: Date the family will need to make appointment to complete new 805.

Voucher Certificate / Contract: Indicate if funding will be through voucher or child care contract.

**Section F: Other Services**

This section will be used to document any referrals for other appropriate services need by family.

Write in others as appropriate. If no services were offered check NONE.



Provider sheet instructions:

COMPLETE THIS PAGE FOR EACH PROVIDER the family is using at the time of application or when the family is changing child care providers.

NOTE: Parent or provider will complete the unshaded area / Voucher agent will complete shaded areas.

**Section G: Provider Information**

1. Name of provider
2. Telephone number where care is being provided.
3. Social Security Number or Employer Identification Number of provider.
4. Name of business or child care facility if other than name of provider.
5. Address of LOCATION OF CARE / mailing address.
6. City of location / mailing address
7. Zip code of location. If the provider is out-of-state, indicate this in this square.
8. County where care is located.
9. Type of care. From the code list in the box, place the number on the line that fits the description of the care facility / provider.
10. License or Registration Number / capacity number / number of sites for licensed or registered providers.
11. For Legally-Licensed Exempt home providers only: Date of birth / Age / Relationship to child, if any, of exempt provider.
12. This space can be used by the agency / provider to add additional information.

**Section H: Child Care Needs / Expenses: Place family surname on line provided.**

1. Name of each child in need of child care assistance.
2. Y / N for showing Proof of Special Needs: Documentation of Special Needs required (Children with Special Health Care Services / First Steps / Special Education in Public School / Supplemental Security Income / Head Start enrollment for professionally diagnosed children with disabilities) See manual for further clarification.
3. Place any additional costs associated with the special needs here (10% allowable over Market Rate).
4. Total hours needed per week based on service need.
5. Place the number of hours per day and the number of days per week of service need for each child.
6. Actual charge per service need established.
7. Indicate the county market rate in the column that fits the service need for each child.
8. Indicate any overcharge the family will be responsible for (6-7 = 8: Charges minus Market Rate).
9. Indicate the family co-pay per pay / week (see \* at bottom of table of 805).
10. Actual child care subsidy using the formula at the \*\* bottom of the table on the 805.
11. Identify funding source # to be used for each child using the \*\*\* at bottom of table on the 805.

Signature of the provider and date is required.

Shaded box to be completed by Voucher Agent:

Date To Meet Minimum Standards: If your county has implemented Minimum Standards, indicate the date this provider has to complete them.

Date For Provider Re-Certification: Providers must be re-certified at least annually. Recert date may be the license, registration, or minimum standards must be renewed.



## Page 1 of 5

SECTION D - Education level of all adult members including begin/end dates for all those attending school / education / preschool					
1. Name (last, first, MI)	2. Highest grade completed	3. Highest degree attained	4. Start date (month, day, year)	5. End date (month, day, year)	6. Receiving preschool services through child care program?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - Signature	
<p>I understand and hereby certify by my signature below:</p> <p>that all the above information, provided by me, is true and correct to the best of my knowledge.</p> <p>that I may be requested to verify these statements and give my consent to the agency, from where I am requesting services, to make any necessary contacts to verify any statements.</p> <p>that I have the right to treatment that is fair and does not discriminate. I will not be treated differently because of color, race, national origin, religion, sex, age, political beliefs, marital status, or because of a physical, mental, or emotional condition.</p> <p>that I must report changes to the voucher agent within ten (10) calendar days.</p> <p>that the information I have given is private and cannot be seen by the public.</p> <p>that this program is not an entitlement and, therefore, I may be placed on a waiting list.</p> <p>that as a custodial, single TANF client, I will not receive penalties associated with work requirements if I cannot obtain child care for my children under 6 years of age.</p> <p>that failure to pay any child care co-pay could result in my family being terminated from this funding assistance.</p> <p>that if I fail to use my child care assistance within 60 days, it will be voided.</p> <p>my Rights and Obligations and have received a copy of them at the time of application.</p> <p>that if I receive CCDF benefits to which I am <u>not</u> entitled, for whatever reason, I shall be required to repay the State such amounts and I will be offered a repayment agreement by the State with a monthly payment option.</p>	
Signature of applicant	Date (month, day, year)
Original date of application (month, day, year)	Date child care subsidy begins
Eligibility determination date (month, day, year)	Re-determination date (month, day, year)

SECTION F - Other Services Referred To			
<input type="checkbox"/> Resource and Referral	<input type="checkbox"/> Information on Quality Child Care	<input type="checkbox"/> Complaint Process / Policies	<input type="checkbox"/> Health/Safety Information
<input type="checkbox"/> Regulatory Information	<input type="checkbox"/> Legal Child Care Information	<input type="checkbox"/> Mass Media Info Sites	<input type="checkbox"/> Subsidy Information
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> None

**Complete this page for the Provider Information. WHEN CHANGING PROVIDERS, only this page will need to be completed.**

**SECTION G - Care Giver Information** (Complete this section for each provider. Attach additional sheets if necessary.)

1. Name	2. Telephone number	3. Social Security / Employer ID number	4. Doing Business As
	( )		
5. Address (number and street required; PO Box is optional)	6. City	7. ZIP code	8. County
	, IN		
9. Type of Care	10. If Licensed / Registered	11. If Legally License-exempt Home	12. Notes
# _____ 1. Licensed / Regulated family care 2. Licensed / Regulated center-based care 3. Legally-exempt in-home care / non-relative 4. Legally-exempt in-home care / relative 5. Legally-exempt family care / non-relative 6. Legally-exempt family care / relative 7. Legally-exempt center-based care 8. Registered Ministry	License / Registration number (must provide copy) _____ Date for renewal _____ Capacity _____ Number of sites _____	Date of birth _____ Age _____ Relationship to child _____	

SECTION H - Child Care Needs / Expenses for Family Name Application Date

1. Child's Name	2. Total Hrs. of Care per Week	3. Service Need		4. Charges per			5. Market Rate per			6. Over Rate Charge per			7. Family Co-Pay*		8. Child Care Subsidy** (4 - 6 - 7 = 8)			9. Fund Source ***  (see codes below)
		Hrs	Days	Hr	Day	Wk	Hr	Day	Wk	Hr	Day	Wk	Day	Week	Hr	Day	Wk	

**\*FAMILY CO-PAY**  
Based on Poverty Level.  
Use scale to determine.

**\*\*CHILD CARE SUBSIDY PER WEEK**  
Calculate the following:  
#4 (Charge) minus #6 (Over Rate) minus #7 (Co-Pay) equals #8 (Subsidy)

**\*\*\*FUND SOURCE CODES:**

- 1. Child Care and Development Fund (CCDF)
- 2. CCDF - School Age Care
- 3. Social Service Block Grant
- 4. State School Age Care
- 5. Preschool Pilot Project

I affirm that the information given in Sections G and H of this application is true and correct.

Signature of provider	Date (month, day, year)	Date to meet minimum standards (month, day, year)	Date for provider re-certification (month, day, year)
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# STATEMENT OF PROFIT AND LOSS (v10-14)

## (Self-Employment Form)

Applicant/Co-Applicant \_\_\_\_\_ Calendar Month \_\_\_\_\_

Occupation \_\_\_\_\_ Business Start-Up Date (mm/dd/yy) \_\_\_\_\_

Business Name \_\_\_\_\_ Are you licensed by the State? \_\_\_\_ Yes \_\_\_\_ No

Business Address \_\_\_\_\_

Are you registered with the Secretary of State (Indiana) \_\_\_\_ Yes \_\_\_\_ No Do you have an EIN number? \_\_\_\_ Yes \_\_\_\_ No

Instructions: Use the table below to provide a statement of your profit/loss for the previous calendar month. Please provide revenue (money collected for the sale of your goods or service). You may consider any expense considered as such by the Internal Revenue Service (IRS) a legitimate expense for CCDF purposes.

	Revenue	Expense	Profit/Loss
<b>TOTAL REVENUE</b>			
<b>For the Previous Calendar Month:</b>			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
<b>TOTAL EXPENSES</b>			
<b>Profit/Loss (Revenue – Expenses)*</b>			

**PLEASE NOTE:** You must also provide a copy of your IRS tax transcript (requested on IRS form 4506T-EX) for the previous tax year, unless taxes have not been filed due to Business Start-Up Date.

As a new business (less than 8 weeks), I am requesting \_\_\_\_\_ hours per week of childcare to support my work activity.

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand I may be asked to provide documentation supporting revenue and expenses and agree to provide this information upon request.

Applicant Signature, \_\_\_\_\_ Date \_\_\_\_\_

**(If there is a co-applicant working in this business, complete this section.)**

As a new business (less than 8 weeks), I am requesting \_\_\_\_\_ hours per week of childcare to support my work activity.

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand I may be asked to provide documentation supporting revenue and expenses and agree to provide this information upon request.

Co-Applicant Signature, \_\_\_\_\_ Date \_\_\_\_\_

**CHILD CARE DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**WAGE DETAIL FORM** (v5-01--13)

**NOTE: Check stubs or employer's cancelled checks (front and back) must be included with this form for the pay dated listed.**

**APPLICANT / CO-APPLICANT SECTION – To be completed by the employee.**

I hereby authorize and request you provide the Child Care Development Fund information as specified below. This information is necessary to establish my eligibility for childcare assistance. This is without any liability to you whatsoever. You may retain a copy of this authorization for your records.

Employee Signature \_\_\_\_\_ Last 4 of Social Security Number \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**EMPLOYER SECTION – To be completed by your Employer ONLY**

*Please complete the following information for the period of \_\_\_\_\_ to \_\_\_\_\_*

<b>Actual Date Paid</b>	<b>Gross Wages Paid</b>	<b>Total Hours Worked</b>	<b>Check Number</b> <i>If cancelled check are provided</i>

*Is this individual still employed?* \_\_\_\_ Yes \_\_\_\_ No *If NO, please provide last day worked* \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please provide your business's EIN number \_\_\_\_\_ and/or attach your business card.

Signature \_\_\_\_\_ Printed Name and Title \_\_\_\_\_

Date completed \_\_\_\_\_ *Note: This form cannot be accepted without the EIN number and/or business card.*

If you have questions regarding this form, please contact  
INSET LOCAL INTAKE INFORMATION HERE

# CHILD CARE DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM

## ALTERNATIVE WAGE DOCUMENTATION REQUEST v3-11-13

*For purposes of CCDF eligibility, an Applicant and/or Co-Applicant must demonstrate a service and financial need. Financial need is determined by calculating total income from all countable sources within the current period. If an Applicant or Co-Applicant is reporting employment as their service need, this must be documented by the receipt of earned income or wages. The following are appropriate sources to verify earned income or wages.*

- ✓ Current pay stubs
- ✓ A statement from The Work Number (an employer verification service), provided your employer participates
- ✓ Copies of cancelled checks (front and back) **and** a completed CCDF Wage Detail Form

*If you are unable to provide the documentation listed above, you may submit a written request for consideration of other written documentation. Please complete the form below and return to your local intake office within 10 days of application termination.*

### APPLICANT/CO-APPLICANT SECTION:

Date	CCDF Applicant Name:	Phone:
Street Address:		City, State, Zip Code:
You must attach copies of the following to your request: <b>DO NOT SEND ORIGINAL DOCUMENTS</b> <input type="checkbox"/> A copy of your W2 or IRS form 1099 <input type="checkbox"/> Any other relevant documentation to support your request		
COMMENTS:		
CCDF Applicant or Co-Applicant (Employee) Signature:		Date:

### EMPLOYER SECTION

Employer Name:		Phone:
Complete Employer Address:		
This business is known by the IRS _____ Sole Proprietorship – Owner's Name _____ _____ Partnership – Partners Names _____ _____ Limited Liability Corporation incorporated in State of _____ _____ Corporation incorporated in State of _____ _____ Not For Profit type _____	Comments:	
Employer's Signature:		

Your request will be reviewed by the Bureau of Child Care.  
 You will be notified within 10 calendar days of receipt of this request.

**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**TIPPED EMPLOYEE WORKSHEET** (v7-16-12)

Check Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

*The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.*

Description (List each wage/earnings category listed on your pay stub)	Hours Shown on Pay Stub	Included in my Gross	Amount
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Additional Self Declared Tips</b>		<b>YES</b>	\$
<b>TOTALS</b>		(Internal Use Only) Total Marked YES	\$
To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage		(Internal Use ONLY) Minimum Wage Calculation Total Hours X Minimum Wage = \$	

Check Date: \_\_\_\_\_

*The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.*

Description (List each wage/earnings category listed on your pay stub)	Hours Shown on Pay Stub	Included in my Gross	Amount
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Additional Self Declared Tips</b>		<b>YES</b>	\$
<b>TOTALS</b>		(Internal Use Only) Total Marked YES	\$
To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage		(Internal Use ONLY) Minimum Wage Calculation Total Hours X Minimum Wage = \$	

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand my employer may be asked to provide additional information supporting my declarations above and provide my consent for wage verification.

Applicant/Co-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: Copies of your pay stubs **must** be included with this form.



**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**TIPPED EMPLOYEE WORKSHEET** (v7-16-12)

(1)

(2)

Check Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

*The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.*

Description (List each wage/earnings category listed on your pay stub) (3)	Hours Shown on Pay Stub(4)	Included in my Gross (5)	Amount (6)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Additional Self Declared Tips</b>		<b>YES</b>	\$ (7)
<b>TOTALS</b>	(8)	(Internal Use Only) Total Marked YES	\$ (9)
To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage		(Internal Use ONLY) Minimum Wage Calculation Total Hours X Minimum Wage = \$ (10)	

**Tipped Wages Worksheet and Determining Gross Wages**

**INSTRUCTIONS**

**General Instruction:**

- A. Paystubs or a CCDF approved alternative is required in addition to the Tipped Wages Worksheet.
- B. If you are unable to determine which categories are included in your gross wages or if the hours reflected on your pay stub are not accurate, you MUST obtain a signed and dated statement from your employer and submit with the Tipped Wages Worksheet.  
*(The statement must be on company letterhead or include business card from individual signing statement or provide the Tax Identification Number of your employer.)*

**Instruction:**

- 1) Enter check date (date pay received)
- 2) Enter Applicant/Co-Applicant name as it appears on the paystub
- 3) List each wage/earnings category listed on the paystub
- 4) List the hours indicated on the paystub
- 5) Indicate YES or NO as to whether this line item was included in the gross wages
- 6) List the amount on the stub matching the description listed in box (3)
- 7) List any additional tips received but not indicated on paystub
- 8) Total hours from paystub
- 9) *Internal Use ONLY (Intake Agent will complete)* - Total only income marked with a YES in column (5)
- 10) *Internal Use ONLY (Intake Agent will complete)* - Calculate total hours x minimum wage  
The Applicant/Co-Applicant's wages for this paystub will be the greater of boxes (9) or (10)

**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**JOB SEARCH FORM** (v10-14)

Applicant or Co-Applicant Name \_\_\_\_\_ Case Number \_\_\_\_\_

Last Date Worked or Attending School \_\_\_\_\_

*Please read an initial each of the following statements acknowledging your understanding of the job search requirements.*

- \_\_\_\_\_ I understand I am eligible for a maximum of thirteen (13) weeks of job search in a twelve (12) month period if I become unemployed or withdraw from an educational program. Childcare during job search is based on my previous authorized child care amounts and may not be increased.
- \_\_\_\_\_ I understand I may be required to provide proof of my job search activities, and therefore, agree to maintain documentation of these activities.
- \_\_\_\_\_ I understand childcare services provided during job search are dependent on my participating in job search activities. I understand failure to complete these activities may result in my requirement to repay childcare paid on my behalf.

I plan on participating in the following activities to obtain employment. Check all that apply.

- ☐ Employment workshops
- ☐ Job clubs or job fairs
- ☐ Researching job opportunities in the classified ads or other publications, including internet research
- ☐ Face to face contacts with potential employers
- ☐ Completing job applications
- ☐ Following up on job applications
- ☐ Completing job interviews
- ☐ Registering for work at an employment agency
- ☐ Completing pre-employment requirements

I understand my job search assistance will end on \_\_\_\_\_. I must obtain an appointment with the intake office by this date to review my employment status or my childcare will be terminated without further notice. Should I obtain employment prior to this date, I must contact the intake office and provide proof of employment within ten (10) days.

Signed, \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: THIS FORM MUST BE SUBMITTED WITH PROOF OF LAST DAY OF WORK OR SCHOOL, UNLESS YOU ARE NEW MEMBER OF THE CCDF HOUSEHOLD, WHICH COULD INCLUDE, IF EMPLOYED:**

**LAST PAY STUB**

**SIGNED STATEMENT FROM EMPLOYER INCLUDING TERMINATION DATE**

**TERMINATION NOTICE**

**VERIFICATION OF CLAIM FOR UNEMPLOYMENT**

**COPY OF YOUR LETTER OF RESIGNATION OR BUSINESS/TRADE END DATE**

**IF IN SCHOOL:**

**DIPLOMA OR CERTIFICATE OF COMPLETION**

**SIGNED STATEMENT FROM SCHOOL INCLUDING DATE OF COMPLETION**

**DOCUMENTATION OF WITHDRAWAL**

**PREVIOUS SEMESTERS GRADES OR TRANSCRIPT**

**SCHOOL SCHEDULE FROM MOST RECENT SEMESTER WITH CURRENT PRINT DATE**

**IF IN APPROVED LEAVE:**

**WRITTEN REQUEST FOR JOB SEARCH**

***This letter is to be used to provide an applicant to opportunity to utilize job search to off-set a repayment.  
It should be prepared on Intake letterhead.***

*Date of Notice*

Dear Applicant or Co-Applicant:

As stated on the enclosed documents, your failure to report the loss of your CCDF approved service need has resulted in child care benefits being paid for care provided to your child(ren) which were ineligible. The enclosed Parent Repayment represents \_\_\_\_ weeks of child care benefits.

According to our records, you were eligible for \_\_\_\_ weeks of job search in a 12 month period beginning one day after loss of your CCDF approved service need. The Family and Social Service Administration (FSSA) is providing you the opportunity to report any job search activities you conducted during your lapse in service need.

If you wish to utilize any available job search time to reduce the amount of your Parent Repayment, you must complete and return the form no later than *(insert date 10 days from notice)*. Your Parent Repayment will then be recalculated to reflect the use of job search.

PLEASE NOTE: Your job search eligibility will be reduced and/or exhausted for the next 12 months. Should you lose your CCDF approved service need within the next 12 months, you must report the loss within 10 days or you will be subject to repayment of all or part of the ineligible child care benefits.

**JOB SEARCH REQUEST (v10-14)**

***This request must returned by the date stated above.***

Name: \_\_\_\_\_ County: \_\_\_\_\_

I wish to use \_\_\_\_\_ weeks of job search to reduce the amount of my Parent Repayment.

During these weeks I was doing the following job search activities *(examples: interviews, research, etc.)*

_____	_____
_____	_____
_____	_____

*By my signature below, I acknowledge I may not be eligible to utilize job search as my CCDF approved service need for a period of 12 months. I understand it is my responsibility to report the loss of my CCDF approved service need to the CCDF Intake Office within 10 days of the loss.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

## NAME ATTESTATION (v5-20-12)

Individual's Name \_\_\_\_\_ ☐ Applicant ☐ Co-Applicant

*The name above should be recorded as it appears on the CCDF Application (State Form 805)*

is also known as:

*List any other names, including those on documents provided, the Applicant or Co-Applicant is using or has used.*

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

and that all names listed above are the same person.

I hereby affirm, under the penalties of perjury, I am the above named individual and I have personally prepared the foregoing statement for myself and the same is true to the best of my knowledge and belief.

Signature of Individual \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This document shall be used when the Applicant or Co-Applicant's name does not match all sources of verification information provided to the Intake Agent.

**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**CHILD SUPPORT AND MAINTENANCE DECLARATION** (v10-14r)

*Declare below, by child, the **average** amount of child support received **MONTHLY**,  
if received in the previous 30 days.*

LIST ALL CHILDREN'S NAMES	AMOUNT RECEIVED MONTHLY	FROM (PROVIDE NAME)
1.	\$	
2	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
<b>SPOUSAL/ABSENT PARENT HOUSEHOLD PAYMENT</b>	\$	

*By my signature below, I hereby certify all the information provided is true and correct to the best of my knowledge. I understand I may be requested to verify this statement and give my consent to the agency from where I am requesting services to make any necessary contacts to verify any statement. I understand my deliberate failure or misrepresentation of any information in this statement may result in my inability to participate in the Child Care and Development Fund (CCDF) Voucher Program.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**SECONDARY SCHOOL ENROLLMENT VERIFICATION** (v10-14)

By my signature below, I give consent to \_\_\_\_\_ to release my enrollment information to the CCDF Intake Office listed below. This information is necessary to establish my eligibility for child care assistance.

Student (CCDF Applicant) Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

***For School Use Only:***

Student's Street Address: \_\_\_\_\_

Student's City \_\_\_\_\_ Student's Zip Code \_\_\_\_\_

Student's Current Grade Level \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Date Year Begins \_\_\_\_\_ Current Year Ends \_\_\_\_\_

Student's School Day Begins \_\_\_\_\_ ☐ AM ☐ PM Student's School Day Ends \_\_\_\_\_ ☐ AM ☐ PM

Check Days Attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

**PLEASE RETURN FORM TO:**     *Insert Intake Agency Name*  
   *Insert Intake Address*  
   *Insert Intake Phone / Fax Numbers*

### Provider Statement

Please read and initial each statement if you agree to adhere to the policy.

Parent	Provider
Initial	Initial

\_\_\_\_\_ A childcare provider is ineligible to receive CCDF payments when a child's parent/step-parent/guardian is employed by the provider and the parent/step-parent/guardian is responsible for his/her own child at any time while the child is in the childcare provider's care during the parent's work hours.

\_\_\_\_\_ The child's parent/step-parent/guardian **MAY NOT** be in the same room or outdoor play area as the child who has an active CCDF voucher while the child is in the childcare provider's care during the parent's work hours.

I have read and understand the above statements. My signature on this form acknowledges my compliance with the above statements.

I attest that \_\_\_\_\_ *will not have direct supervision, as stated above, of*  
(Parent Name)  
*his/her own child during his/her work hours at my facility.*

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Facility Owner/Director (Printed Name)

\_\_\_\_\_  
Parent's work site address & license #

\_\_\_\_\_  
Child name(s)

\_\_\_\_\_  
Child attends site address/license #

\_\_\_\_\_  
Child name(s)

\_\_\_\_\_  
Child attends site address/license #

\_\_\_\_\_  
Facility Owner/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# DETERMINING CHILDCARE NEED (v10-14)

## EMPLOYMENT

Applicant/Co-Applicant \_\_\_\_\_

Employer \_\_\_\_\_

Average Work Week \_\_\_\_ Su \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ R \_\_\_\_ F \_\_\_\_ Sa

Rec'd	Gross Wages	Hours	Earliest drop-off time
			Latest pick-up time
TOTALS			Check appropriate shift(s) <input type="checkbox"/> Shift 1 <input type="checkbox"/> Shift 2

\_\_\_\_\_ Total hours worked in the previous 30 days

÷ \_\_\_\_\_ Number of weeks worked

= \_\_\_\_\_ A = Child care needed per week based on hours

\_\_\_\_\_ Total gross wages (If hourly wage is not documented or is less than minimum wage.)

÷ \_\_\_\_\_ Current minimum wage

= \_\_\_\_\_ B = Childcare needed per week based minimum wage

The lesser of A or B \_\_\_\_\_

Travel Time Requested (Not to exceed 10 hours for + \_\_\_\_\_  
child care need of 25 or more and 5 hours for less than 25)

Total Child Care Need = \_\_\_\_\_

## TRAINING/EDUCATION

Applicant/Co-Applicant \_\_\_\_\_

Organization/Institution \_\_\_\_\_

\_\_\_\_\_ Classroom Program    \_\_\_\_\_ Distance Learning

Days Participating \_\_\_\_ Su \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ R \_\_\_\_ F \_\_\_\_ Sa

\_\_\_\_\_ Credit hours or participation hours

+ \_\_\_\_\_ Clinical/Practicum/Internship hours

= \_\_\_\_\_ Subtotal child care need

+ \_\_\_\_\_ Travel time requested (Not to exceed 10 hours for  
subtotal of child care need of 25 or more and 5 hours for less  
than 25)

+ \_\_\_\_\_ Study time requested (not to exceed 2 hours per credit hour)

OR

+ \_\_\_\_\_ Study time requested (Not to exceed 2 hours per participation  
hour)

= \_\_\_\_\_ Total child care need



## MINIMUM WAGE TABLE

Hours Worked	Total Wages	Hours Worked	Total Wages	Hours Worked	Total Wages
1.0	7.25	47.0	340.75	93.0	675.25
2.0	14.50	48.0	348.00	94.0	681.50
3.0	21.75	49.0	355.25	95.0	688.75
4.0	29.00	50.0	362.50	96.0	696.00
5.0	36.25	51.0	369.75	97.0	703.25
6.0	43.50	52.0	377.00	98.0	710.50
7.0	50.75	53.0	384.25	99.0	717.75
8.0	58.00	54.0	391.50	100.0	725.00
9.0	65.25	55.0	398.75	101.0	732.25
10.0	72.50	56.0	406.00	102.0	739.50
11.0	79.75	57.0	413.25	103.0	746.75
12.0	87.00	58.0	420.50	104.0	754.00
13.0	94.25	59.0	427.75	105.0	761.25
14.0	101.50	60.0	435.00	106.0	768.50
15.0	108.75	61.0	442.25	107.0	775.75
16.0	116.00	62.0	449.50	108.0	783.00
17.0	123.25	63.0	456.75	109.0	790.25
18.0	130.50	64.0	464.00	110.0	797.50
19.0	137.75	65.0	471.25	111.0	804.75
20.0	145.00	66.0	478.50	112.0	812.00
21.0	152.25	67.0	485.75	113.0	819.25
22.0	159.50	68.0	493.00	114.0	826.50
23.0	166.75	69.0	500.25	115.0	833.75
24.0	174.00	70.0	507.50	116.0	841.00
25.0	181.25	71.0	514.75	117.0	848.25
26.0	188.50	72.0	522.00	118.0	855.50
27.0	195.75	73.0	529.25	119.0	862.75
28.0	203.00	74.0	536.50	120.0	870.00
29.0	210.25	75.0	543.75	121.0	877.25
30.0	217.50	76.0	551.00	122.0	884.50
31.0	224.75	77.0	558.25	123.0	891.75
32.0	232.00	78.0	565.50	124.0	899.00
33.0	239.25	79.0	572.75	125.0	906.25
34.0	246.50	80.0	580.00	126.0	913.50
35.0	253.75	81.0	587.25	127.0	920.75
36.0	261.00	82.0	594.50	128.0	928.00
37.0	268.25	83.0	601.75	129.0	935.25
38.0	275.50	84.0	609.00	130.0	942.50
39.0	282.75	85.0	616.25	131.0	949.75
40.0	290.00	86.0	623.50	132.0	957.00
41.0	297.25	87.0	630.75	133.0	964.25
42.0	304.50	88.0	638.00	134.0	971.50
43.0	311.75	89.0	645.25	135.0	978.75
44.0	319.00	90.0	652.50	136.0	986.00
45.0	326.25	91.0	659.75	137.0	993.25
46.0	333.50	92.0	667.00	138.0	1000.50

## CCDF PARENT STATEMENT / RIGHTS AND OBLIGATIONS (v10-14)

**I** understand my deliberate failure or misrepresentation of information used to receive services for which I was ineligible will result in a demand for repayment and may also subject me to legal action.

**I** understand **I will** be required to electronically document my child(ren)'s attendance information. I will only utilize my Hoosier Work for Child Care card to document attendance when it truly reflects the care provided.

**I** understand I may only electronically, or otherwise, document my child's attendance when my child is attending the location where my voucher has been assigned.

**I** understand I may not leave my Hoosier Works for Child Care card with my child care provider. I agree to keep my personal identification number (PIN) confidential. I understand failure to comply with this may result in termination of my child care benefits.

**I** understand I must request a provider change by submitting a complete and current Provider Information Page to the CCDF Intake Office no later than noon the day prior to the last business day of the week.

**Further, I** understand the choice of caregiver is not only my choice, it is my responsibility.

**I** understand it is my responsibility to report any suspected child abuse and neglect to the proper authority and others have the same responsibility concerning my child/children.

**I** understand parents, step-parents or legal guardians will not be paid as caregivers for their own children.

**I** understand information concerning my family regarding the CCDF voucher program, and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF voucher program.

**I** understand reimbursement for my child's care will be made directly to the provider, unless the care is provided in my home by a non-resident, in which case the payment will be made directly to me. It is my responsibility to reimburse the provider for services rendered as well as any co-pays. I also understand it is my responsibility to withhold and make all applicable Internal Revenue Service (IRS) payments for my child care provider and for the end of the year reporting to the IRS.

**I** understand it is my responsibility to furnish the Intake Agent with complete and accurate information including, but not limited to, income and family composition. I understand I will be required to submit proof of information provided.

**I** understand subsidized child care will not begin until all forms are completed and I have received written notice from the Office or their representative.

**I** understand I must report to the Intake Agent when my service need ends, my TANF status changes, my family composition changes, I move to a new address or I obtain a new phone number within ten (10) calendar days of the change and provide supporting documentation, if necessary.

**I** understand reporting changes to my DFR caseworker does NOT mean changes have been reported to CCDF.

**I** understand acceptance or denial of services may not exclude me from eligibility for financial assistance or participation in other programs administered by the Family and Social Service Administration.

**I** understand my right to file a written complaint if:

- I believe I have been discriminated against because of race, color, age, sex, religion, disability, national origin, or ancestry; or
- My application for services was not promptly acted upon; or
- I disagree with an action taken regarding my eligibility.

I agree to discuss complaints first with my service provider and/or intake agent to resolve the problem through informal means. If the problem is not resolved, I understand the intake agent will provide procedures regarding the appeal process.

**I** understand I may be asked to cooperate with state and/or federal personnel in any audit or quality assurance review. I further understand my failure to cooperate may result in termination from the program.

**I** understand personal day claims are to be used at my discretion for days when the provider was open for business and my child/children were scheduled to attend but did not attend any part of the day.

I understand my child care may be terminated for any of the following reasons:

- Requesting more than three (3) provider changes in a twelve (12) month period;
- Allowing another person to use my Hoosier Works for Child Care card to document attendance;
- Failing to electronically document my child/children's attendance; and/or
- Failing to pay my co-pay.

I understand my child care will be terminated for any of the following reasons:

- My child is not a U.S. citizen, qualified alien, and/or resident of the county and/or state;
- I fail to complete required CCDF enrollment paperwork;
- I am no longer employed, in a training or education program, or a TANF IMPACT approved activity;
- I have been convicted of welfare fraud;
- My child turns 13 or 18 for a child with documented special needs;
- I deliberately fail to report loss of service need or change in family composition;
- I falsify any required documentation;
- My locally determined subsidy period expires;
- I have been convicted of CCDF fraud;
- I fail to honor a CCDF repayment agreement; and/or
- My child/children's voucher(s) have been inactive for sixty (60) days.

I understand my child care provider may be decertified and child care reimbursement may be suspended or stopped for my child care provider's failure to comply with any of the following provisions:

- A substantiated health or safety hazard;
- Threatening behavior;
- False information on any form connected with the CCDF program;
- Being under investigation for fraud;
- A pending abuse or neglect charge against the provider, existing employee of the provider, or a member of the provider's household if care is provided in the their home;
- The death of a child while in the provider's care; and/or
- Illegally operating a home or facility.

I understand reimbursement will be stopped and my provider will be de-certified for any of the following:

- A conviction or substantiated abuse or neglect charge against the caregiver indicating harmful behavior to children;
- Substantiated fraud in the receipt of government funds;
- Loss of licensure or registration when required by Indiana law;
- Proven forgery of signatures on any forms;
- Failure to comply with CCDF Provider Eligibility Standards as of the effective date of an administrative order; and/or
- Possession or use of Hoosier Works for Child Care cards for the purpose of documenting child/children's attendance.

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Signature of Parent

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Date Signed

## HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION APPLICANT AND CO-APPLICANT CARD HOLDERS

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

Co-Applicant Cardholder Name \_\_\_\_\_

Reason for Issuance (A) New Applicant ☐ Applicant ☐ Co-Applicant  
(check all that apply) (B) Replacement ☐ Lost/stolen ☐ Not working ☐ Other \_\_\_\_\_

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
- I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.
- Exceptions to this policy will only be accepted with written documentation from the Office.

Failure to follow the above policy could lead to **negative action** taken against me and/or my child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- ☐ I have received the HOOSIER WORKS FOR CHILD CARE CARD.
- ☐ My card will be mailed, when my application is processed if I have valid vouchers

Applicant or Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

16 Digit Card Number \_\_\_\_\_  
(Or attach a photocopy of the front of the HW Card)

Issuing staff \_\_\_\_\_ Date \_\_\_\_\_

### CARD USAGE TRAINING

\_\_\_\_\_ Video and verbal/written

\_\_\_\_\_ Verbal/written only

**HOOSIER WORKS FOR CHILD CARE CARD AUTHORIZATION  
AUTHORIZED USER**

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

The Individual below is approved to receive a HOOSIER WORKS FOR CHILD CARE CARD.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Issuance (B) Replacement ☐ Lost/stolen ☐ Not working ☐ Other \_\_\_\_\_  
(Check all that apply) (C) Authorized Representative / Relationship to Applicant \_\_\_\_\_

Type of ID seen \_\_\_\_\_  
(One picture ID or two other forms of ID, one of which must contain a signature)

By signing this form, I am acknowledging I have received this HOOSIER WORKS FOR CHILD CARE CARD and understand the policies related to its use.

- I understand I may not allow anyone, including my child care provider, to possess or use my Hoosier Works for Child Care card to authorize electronic attendance transactions for child(ren).
- I understand a provider should never attempt to force me to violate this policy. If a provider does attempt to force me to violate this policy, I shall immediately report it to the Local Intake Agent for referral to the state.
- Exceptions to this policy will only be accepted with written documentation from the Office.

Failure to follow the above policy could lead to **negative action** taken against the Applicant and Co-Applicant and/or the child care provider, up to and including termination from the Child Care and Development Fund (CCDF) voucher program.

- ☐ I have received the HOOSIER WORKS FOR CHILD CARE CARD.
- ☐ My card will be mailed, when my application is processed if I have valid vouchers

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR AN AUTHORIZED USER**

I, the Applicant for CCDF benefits, am requesting \_\_\_\_\_ to be designated as an authorize user for my HOOSIER WORKS FOR CHILD CARE CARD. I acknowledge the user of this card is acting as my representative and as such I am responsible for attendance documented by my authorized user, even if such attendance is erroneous. Further, I understand I may revoke this agreement at any time by providing written notification to the local Intake Agent.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

16 Digit Card Number \_\_\_\_\_  
(Or a copy of the front of the HW card issued.)

Issuing Staff \_\_\_\_\_ Date \_\_\_\_\_

**CARD USAGE TRAINING**

\_\_\_\_\_ Video & verbal/written

\_\_\_\_\_ Verbal/written only

County :

Submitted by :

1) Voucher change (verify no swipe activity or past.)	5) Monitoring Corrections (Income, inactive sequence changes, etc.)
2) Subsidy Begin/End date: Enter date: <input type="text"/>	6) Custody: Catastrophic; Spill app; Foster/Adoption: Move to Partial
3) Additional voucher for diff in subsidy amount owed " If there is already swipe activity	<i>*You must follow procedures for emergency requests so that there is no overlap in service.</i>
4) Create a new voucher (gap in service, or add to receive service)	7) New voucher where partial payment was made due to age group error
	8) Other (be specific in justification section)

\_\_\_\_\_

--

[NEW Voucher Details](#)

Child FIRST Name		Child FIRST Name							
Voucher Dates		Voucher Dates							
Provider Name		Provider Name							
Prov. Street Address		Prov. Street Address							
Provider Charges	<table border="1"> <tr> <td>Week</td> <td>Day</td> <td>Hr</td> </tr> </table>	Week	Day	Hr	Provider Charges	<table border="1"> <tr> <td>Week</td> <td>Day</td> <td>Hr</td> </tr> </table>	Week	Day	Hr
Week	Day	Hr							
Week	Day	Hr							
Service Hours	<table border="1"> <tr> <td>Hrs Per Day</td> <td>Days Per Wk</td> </tr> </table>	Hrs Per Day	Days Per Wk	Service Hours	<table border="1"> <tr> <td>Hrs Per Day</td> <td>Days per Wk</td> </tr> </table>	Hrs Per Day	Days per Wk		
Hrs Per Day	Days Per Wk								
Hrs Per Day	Days per Wk								
Age Group (infant, toddler, 3/4/5, kinder, school age, school other)		Age Group (infant, toddler, 3/4/5, kinder, school age, school other)							
Shift (1, 2, or 1&2)	Pre-School Y/N      f	Shift (1, 2, or 1&2)	Pre-School Y/N						

### NEW Voucher Details:

Child FIRST Name		Child FIRST Name	
Voucher Dates		Voucher Dates	
Provider Name		Provider Name	
Provider Street Address		Provider Street Address	
Provider Charges	<div> <div>Week</div> <div>Day</div> <div>Hi</div> </div>	Provider Charges	<div> <div>Week</div> <div>Day</div> <div>Hi</div> </div>
Service Hours	<div> <div>Hrs Per Day</div> <div>Days Per Wk</div> </div>	Service Hours	<div> <div>Hrs Per Day</div> <div>Days per Wk</div> </div>
Age Group (infant, toddler, 3-4Y, kinder, school age, school other)		Age Group (infant, toddler, 3-4Y, kinder, school age, school other)	
Shift (1, 2, or 1&2)	Pre-School Y/N	Shift (1, 2, or 1&2)	Pre-School Y/N

### NEW Voucher Details:

Child FIRST Name		Child FIRST Name							
Voucher Dates		Voucher Dates							
Provider Name		Provider Name							
Prov. Street Address		Prov. Street Address							
Provider Charges	<table border="1"> <tr> <td>Week</td> <td>Day</td> <td>Hr</td> </tr> </table>	Week	Day	Hr	Provider Charges	<table border="1"> <tr> <td>Week</td> <td>Day</td> <td>Hr</td> </tr> </table>	Week	Day	Hr
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Hrs Per Day	Days Per Wk								
Hrs Per Day	Days per Wk								
Age Group (infant, toddler, 3/4/5, kinder, school age, school other)		Age Group (infant, toddler, 3/4/5, kinder, school age, school other)							
Shift (1, 2, or 1&2)	Pre-School Y/N	Shift (1, 2, or 1&2)	Pre-School Y/N						

<sup>a</sup> a child cannot be assigned to a provider that is exceeding capacity

<sup>a</sup> a past voucher cannot be modified in ANY way if there is swipe activity or payment

\* all voucher and subsidy dates must begin on SUNDAY and end on SATURDAY

\* a voucher cannot be 'backdated'; instead, request a new voucher to be created

\* If the new voucher is part-time, only an hourly or daily rate can be entered as the provider charge.

Approved: \_\_\_\_\_

Completed: \_\_\_\_\_

**Abstract:**

Downloaded from <http://www.jstor.org/stable/2346119>

Intake Emailed: \_\_\_\_\_  
(for questions regarding request)

# **NON-COMPLIANCE & REPAYMENT FORMS**

**CHILD CARE and DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM**  
**Parent Non-Compliance Form (rev 9/10/12)**

Intake Agency & Agent Name:

Date:

Parent Name(s):

Street Address:

City, State, Zip Code:

Social Security Number / RID Number:

AIS Case Number, if applicable:

*Nature of non-compliance, i.e. failure to report change in household size, failure to report loss of service need, card found in provider's possession, improper payment for personal day, etc . . .*

*Attach additional pages, if necessary. Also, please attach documentation which supports the non-compliance determination, if any.*

**Did the above result in an overpayment?** ☐ YES ☐ NO **Was it calculated by the Compliance Division?** ☐ YES ☐ NO

**PARENT AFFIRMATION SECTION**

By my signature below, I acknowledge this non-compliance has been explained fully and I have received the following:

- ✓ Repayment Appeal Procedures, if applicable
- ✓ A copy of this completed Parent Non-Compliance Form
- ✓ A copy of my signed Parent Rights and Obligations Form

I agree to abide by all CCDF Policies. I understand a future CCDF policy non-compliance may result in the termination of my child care benefits.

*Parent was not present. All attachments were mailed. Intake Name and Date* \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_



*This letter is to accompany any Parent Repayment Agreement. V10-2-12*

*Date*

*Applicant Name*

*Applicant Street*

*Applicant City, State Zip Code*

Dear Applicant;

A review of your case has resulted in a finding of non-compliance with your CCDF Parent Obligations as stated on the enclosed Parent Non-Compliance form. Additionally, this non-compliance may have resulted in child care benefits paid for care provided to your child(ren) which were ineligible due to the non-compliance. If ineligible child care benefits were paid, the Family and Social Service Administration (FSSA) is seeking repayment as stated on the enclosed CCDF Parent Repayment form.

On the enclosed Parent Repayment Form, please indicate if you would like to make a lump sum payment or prefer to make the stated monthly payment until the balance owed is paid in full. Then sign the form and return it to the address listed. Directions for submitting your payment are included on this form as well.

If you do not agree with this repayment determination, steps for appealing the decision are also enclosed.

Failure to successfully appeal or to make repayment in full will result in FSSA taking any and all available means of collection including, but not limited to, tax intercept.

Sincerely,

*Insert Agency Name Here*

**CHILD CARE and DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM**  
**Parent Repayment Form (rev 10/2/12)**

Intake Agency & Agent Name:

Date:

Parent Name:

Street Address:

City, State, Zip Code:

Social Security Number / RID Number:

AIS Case Number, if applicable:

Was a Non-Compliance form completed? ☐ YES ☐ NO      Was the Non-Compliance form signed by the parent? ☐ YES ☐ NO  
**Was over-payment calculated by the Compliance Division? ☐ YES ☐ NO**

Amount of over-payment: per Fiscal Year

Service Period by Fiscal Year (10/1/xx – 9/30/xx)

\$

\$

\$

**CCDF REPAYMENT AGREEMENT**

**Payment Options (Check only one)**

☐ Payment in Full

☐ Minimum Monthly Payment (must begin within 30 days of signature)

\$ \_\_\_\_\_

\$ \_\_\_\_\_ (greater of \$50 or 3%) Monthly beginning \_\_\_\_\_

CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO: **TREASURER, STATE OF INDIANA**

AND MAILED TO: FSSA – CLAIM REPAYMENT

CCDF

P.O. BOX 621007

INDIANAPOLIS, IN 46262-1007

***By my signature below, I acknowledge my obligation to repay this CCDF overpayment. I understand monthly payments must continue until the entire sum is fully paid.***

Failure to sign the repayment agreement or dispute the overpayment within 30 calendar days from the date of this document deems the overpayment determination to be correct. Failure to repay a valid repayment agreement, including failure to make a monthly payment, may result in termination from the CCDF voucher program. Additionally, the Office will use all other appropriate means of collection to fulfill this debt.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

This repayment agreement must signed and returned to: *Insert Intake Name*  
*Insert Intake Address*

**DISPUTE OF REPAYMENT AGREEMENT**

My signature below acknowledges I am **not** in agreement with the determination of an overpayment and have opted to appeal this determination. I have been provided a copy of the Repayment Appeal Procedures and understand I must file a written appeal within 30 calendar days according to the Repayment Appeal Procedures. My failure to contest the overpayment within 30 calendar days from the date of this document deems the overpayment determination to be correct which may result in my termination from the CCDF voucher program and other collection attempts as appropriate.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**CHILD CARE and DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM**  
**INTAKE CASE NARRATIVE FORM** (rev 12/11/11)

Intake Agency & Agent Name:

Date:

Parent Name(s):

AIS Case Number & County

*Nature of non-compliance, i.e. failure to report change in household size, failure to report loss of service need, card found in provider's possession, improper payment for personal day, etc . . .*

*Case Narrative, i.e. When 10 day notice was sent, if any. How attached information was collected, if any. Any other relevant facts related to the over-payment determination should be noted in the case narrative.*

Were case notes documented in AIS? ☐ YES ☐ NO

**CHILD CARE and DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM**  
**REPAYMENT APPEAL (v10-14)**

You have the right to appeal any non-compliance determination resulting in the repayment of CCDF benefits. If you wish to appeal a determination, please complete this form, attach all relevant supporting documentation and mail to:

Indiana Family and Social Services Administration  
Attn: Director, Office of Early Childhood and Out of School Learning  
402 West Washington Street, W-361, MS-02  
Indianapolis, IN 46204-2739

**YOUR APPEAL MUST BE RECEIVED WITHIN 30 CALENDAR DAYS OF THE DATE OF THE CCDF REPAYMENT FORM TO BE CONSIDERED. FAILURE TO SUBMIT AN APPEAL TIMELY DEEMS THE OVERPAYMENT DETERMINATION TO BE VALID.**

<input type="checkbox"/> Parent <input type="checkbox"/> Provider	Name:	Phone:
Street Address:		City, State, Zip Code:
Name Intake (CCDF Voucher) Agency who made the determination:		County:
Please detail why you feel this determination is unjust. You must submit any relevant documentation to support your claim.		
You must attach copies of the following to your appeal: <b>DO NOT SEND ORIGINAL DOCUMENTS</b>		
<input type="checkbox"/> A copy of Parent or Provider Non-Compliance Form completed by the CCDF Intake Agency		
<input type="checkbox"/> A copy of Parent or Provider Repayment Form you have been requested to sign		
<input type="checkbox"/> Any other relevant documentation to support your case		
Signature:		Date:

# **TANF IMPACT REFERRAL FORMS**

**DFR / CCDF REFERRAL**

State Form 53132 (P2 / 10-09) / SCC 03.10

Name of parent (last, first, middle)	Telephone number ( )	Case number
Address (number and street, city, state, and ZIP code)		
Please attach the following ICES screens with the referral form:		
<input type="checkbox"/> AEINC (Earned income)	<input type="checkbox"/> NIA for AEINC	<input type="checkbox"/> IQAE (Benefit for last thirty (30) days)
<input type="checkbox"/> AEISE (Self-employment)	<input type="checkbox"/> NIA for AEISE	<input type="checkbox"/> IQCM (Inquiry for case members)
<input type="checkbox"/> AEFUI (Unearned income)	<input type="checkbox"/> NIA for AEFUI	<input type="checkbox"/> WPA 1

**A. TANF IMPACT REFERRAL**

Check the TANF Impact activity in which the parent participates		
<input type="checkbox"/> Employment	<input type="checkbox"/> Education	<input type="checkbox"/> Job skills training
<input type="checkbox"/> Job search	<input type="checkbox"/> Community work experience	<input type="checkbox"/> Caring sanction
<input type="checkbox"/> Job readiness		
Begin date (month, day, year)	End date (month, day, year)	There must be both a begin and an end date for the TANF Impact activity checked. This could correspond to the rule termination date, but cannot exceed six (6) months.

**B. TANF REFERRAL (NON-IMPACT)**

Check one
<input type="checkbox"/> Non-Impact TANF <input type="checkbox"/> Transitioning of TANF

**GENERAL COMMENTS**


**CASEWORKER INFORMATION**

Name of caseworker	Date (month, day, year)
Telephone number ( )	Fax number ( ) <div>E-mail address</div>

**NOTIFICATION OF ACTION - TO BE COMPLETED BY INTAKE AGENT**

<input type="checkbox"/> The client listed on this form has been approved for Child Care Subsidy.				
Begin date (month, day, year)	End date (month, day, year)	Amount of Child Care Subsidy	Amount of co-pay	Amount of overage
Name of provider				
Address (number and street, city, state, and ZIP code)				
The client listed on this form is being denied child care subsidy for the following reason:				
<input type="checkbox"/> The client never made an appointment.		<input type="checkbox"/> The client selected a provider who does not meet the minimum standards.		
<input type="checkbox"/> The client failed to provide the required child care provider information.		<input type="checkbox"/> Other: _____		
The client listed on this form is receiving ten (10) days notice of termination from the CCDF program due to the following reason(s):				
<input type="checkbox"/> The client no longer has a service need.		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> The client is over poverty guidelines.		_____		
Name of voucher / intake agent	Telephone number ( )	Date (month, day, year)		

AEINC EMPLOYMENT INCOME 10/08/09 13:14  
COUNTY: 02 CASE: . WORKER:  
LAST ACTIVITY DATE: 03/17/09 STATUS: OPEN

NBR FIRST MI LAST SUF EMPLOYER NAME  
04 NATIONAL TUBE FORM

MONTHLY INCOME: 438.90

DC	RCVD	FRQ	BGT	HRS	HOURLY	GROSS	DED	VR
	DATE	MTD	WKD	WAGE	AMT			
—	12/31/08	WK	T	16	11.00	176.00	—	PS
—	01/16/09	WK	T	40	11.00	440.00	—	PS
—	01/23/09	WK	T	33	11.00	365.20	—	PS
—	01/30/09	WK	T	30	11.00	440.00	—	PS
—	02/06/09	WK	T	30	11.00	438.90	—	ES

PF18: DERL PF21: AEIEI  
NEXT TRAN: \_\_\_\_\_ PARMS:  
\_\_\_\_\_

AEISE SELF-EMPLOYMENT INFORMATION 10/08/09 13:18  
COUNTY: 45 CASE: : WORKER: W45427  
LAST ACTIVITY DATE : 09/29/09 STATUS: OPEN

DC: \_\_ NBR: 01 NAME: SSN: :  
NATURE OF WORK : REHAB BEGIN: 01/01/09 END: 07/01/09  
FARMING? N

MONTHLY HOURS : 24 VR : CS BUSINESS USE OF HOME? : N  
DAYCARE? N

ROOMS IN HOME : NBR OF ROOMS USED IN BUSINESS: \_\_

VOLUNTARY QUIT?: N DATE: GOOD CAUSE?: VR: \_\_

SOC CODE : HEALTH INS AV?: N HOURLY WAGE: \_\_

DC INC/EXP RCVD/INCUR FRQ BGT AMOUNT BEGIN END

TYPE	DATE	MTD	DATE	DATE	VR
OI	04/25/09	MO T	275.00		CS

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----- INDIVIDUALS ----- PF18:DERL PF21:IQEMP



## ICES Self-Employment Screen

Below is a list of additional self-employment income and expense codes. To determine income, first determine if the code represents receipt of income or incurred expense. If applicable, deduct any expenses from income to determine the client's income.

### Income Codes

**BM** – income from boarder for meals  
**BR** – income from boarder for room  
**LI** – land contract – interest  
**LP** – land contract – principal  
**OI** – other income  
**PM / PS** – plan for self-support  
**RN** – rent  
**RO** – income from roomer  
**SC** – sale of crops  
**SM** – sale of merchandise/goods/products  
**SS** – provision of service

### Expense Codes

<b><u>AD</u></b> – advertising	<b><u>PO</u></b> - postage
<b><u>BT</u></b> – business taxes	<b><u>PR</u></b> – principle on mortgage
<b><u>DP</u></b> – depreciation on property/equipment	<b><u>PT</u></b> – property taxes
<b><u>EB</u></b> – employee's benefits	<b><u>RB</u></b> – rent for buildings
<b><u>ES</u></b> – employer's FICA share	<b><u>RM</u></b> – cost of raw materials
<b><u>EW</u></b> – employee's wages	<b><u>RP</u></b> – repairs/maintenance of property
<b><u>FS</u></b> – farm supplies	<b><u>RQ</u></b> – rent for machinery/equipment
<b><u>GO</u></b> – gas and oil	<b><u>RT</u></b> – rent for property
<b><u>IL</u></b> – interest on loan	<b><u>SN</u></b> – snow removal
<b><u>IM</u></b> – interest on mortgage	<b><u>ST</u></b> – cost of stock/supplies/inventory
<b><u>IN</u></b> – insurance on property/equipment	<b><u>TB</u></b> – tools
<b><u>LC</u></b> – lawn care	<b><u>TE</u></b> – travel expenses
<b><u>LE</u></b> – legal fees	<b><u>TF</u></b> – tax preparation fees
<b><u>LF</u></b> – license/fees	<b><u>TH</u></b> – trash removal
<b><u>ME</u></b> – food/meals for boarder	<b><u>UT</u></b> - utilities
<b><u>MI</u></b> – mileage	
<b><u>OA</u></b> – other IRS allowable expenses	
<b><u>OE</u></b> – other allowable expenses – other programs	
<b><u>OS</u></b> – office supplies	

AEFUI UNEARNED INCOME 10/08/09 13:14

COUNTY: 02 CASE: WORKER:

LAST ACTIVITY DATE: 09/12/09 STATUS: OPEN

NBR NAME SSN CAN BIC VFY?

04

UNEARNED INC TYPES:

DC	DATE	OCCUR	INC	RECEIVED	BGT	BEGIN	END	DATE	VR
			TYPE	DATE	FROM	MTD	AMOUNT		

DED?

09/12/09	UI	09/02/09	WK	R	342.00			RA	N
09/12/09	UI SP	09/02/09	WK	R	25.00			RA	N


INDIVIDUALS

PF23=DEBN PF20:NEXT INDIVIDUAL  
NEXT TRAN: PARS:

**AEFUI CODE DESCRIPTIONS**  
**ICES**

<b>ICES CODE</b>	<b>CODE DESCRIPTION</b>
AA	Adoption Assistance
AL	Spousal Support
ALIN	Unassigned Spousal Support
BL	Black Lung Benefit
CHAA	Adjudicated Arrears Child Support
CHDI	Direct Payment – Child Support
CHIN	Unassigned Child Support
CHPT	Pass through Payment from IV
CHPX	Excess Payment from IV
CHPZ	Child Support - \$0 TANF Grant
CHSD	System Direct Child Support from IV
CHTP	Child Support from Child not in Case
CHAU	Unadjudicated Arrears Payment
DB	Disability/Sick Benefits
DV	Dividends
DVLI	Life Insurance Dividend
FC	Foster Care Payment
GR	German Reparation Pay
IN	Interest Income
INID	Interest Inc Earned from Individual
MA	Military Allotment
MOCO	Contribution from Not-for-Profit Organization
MOCP	Contribution from Person / For Profit Organization
ON	Other Non-Exempt
PM	Plan for Self Support – Medicare/SSI
PS	Plan for Self Support – SSI Only
RP	Retirement / Pension
RR	Railroad Benefits
SI	Supplemental Social Security
SS	Social Security
ST	Strike Benefit
TC	Tax Credit
TF	Trust Fund
UI	Unemployment
UISP	Unemployment – ARRA Payment
VAPN	Veteran's Benefits
VASB	VA Spina Bifida Allowance
VAVA	VA Benefite other than personal need
WC	Workman's Comp

IQAE ASSISTANCE GROUP ELIGIBILITY HISTORY 10/08/09 13:12

COUNTY CASE CAT SEQ CASELOAD WORKER STATUS  
02 ADCR 01 OPEN  
PAYEE:

\*--AUTHORIZED--\*

\*--ELIGIBILITY--\* \*AG\* \*-ELIG STATUS-\* EDBC BNFT/S-L-P RECOUP  
DATE

BEGIN END (STAT) RSN NONFIN RES FIN TYPE (AMOUNT) AMOUNT  
AUTH

10/01/96	09/30/96	CLOS	585	PASS	PASS	PASS	REC	346.00	0.00	09/16/96
08/01/96	09/30/96	OPEN	569	PASS	PASS	PASS	REC	315.00	0.00	07/23/96
08/01/96	07/31/96	OPEN	569	PASS	PASS	PASS	REC	315.00	0.00	07/01/96
06/01/96	07/31/96	OPEN		PASS	PASS	PASS	REC	405.00	0.00	04/30/96
04/01/96	05/31/96	OPEN		PASS	PASS	PASS	REC	405.00	0.00	03/19/96
04/01/96	03/31/96	OPEN		PASS	PASS	PASS	REC	405.00	0.00	03/18/96

PF KEYS: 15: IQCP 16: IQAP 17: IQAM

NEXT TRAN: \_\_\_\_\_ PARMS:

1002189965/ADCR/01 \_\_\_\_\_ MORE

IQCM

CASE MEMBERS HISTORY

10/08/09 13:15

COUNTY	CASE NBR	CASELOAD	WORKER	STATUS
02	1023456789		OPEN	

FIRST NAME	MI LAST NAME	SUF	DOB	S R	SSN	ST INDIV NUM
JANE	M DOE		01/01/1988	999-99-999	100123456789	

ENTER SELECTION NUMBER: \_\_

PFKEYS: 15=IQCP, 16=IQEL, 17=IQIG, 18=IQIM, 19=IQMA, 20=IQES

NEXT TRAN: \_\_\_\_\_ PARMS:

1002189965 \_\_\_\_\_ MORE...

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Case MT-101841 (1 Members)

# **NOTIFICATION LETTERS**

**Child Care and Development Fund (CCDF) Voucher Program  
NOTICE OF ADVERSE ACTION**

Date of Notice:

**Due Date:** *(insert date 10 days from date of notice)*

Applicant Name

Applicant Address

Applicant City, State and Zip

A review of your case has resulted in a request for additional documentation. To remain an active participant in the CCDF Program, the documentation listed below must be received *in the office* before close of business on the due date stated above. Failure to provide the requested information will result in termination of your child care services without further notice.

- ☐ Provider Information Page completed by your provider
- ☐ Proof of Birth for \_\_\_\_\_
- ☐ Proof of Residency which includes your name, street address, city and/or zip code
- ☐ Employment Verification
- ☐ School Schedule which includes your name, school name, semester begin and end dates and credit or participation hours
- ☐ Completed and signed Job Search Documentation Form including appropriate proof of last day worked or attending school as stated on the form
- ☐ Other: *(insert detailed description of documentation needed.)*

If you have any questions regarding this matter or wish to confirm receipt or your information, please contact *(insert contact information)*. Your child care *will be* terminated if the requested documentation is not received timely.



**Child Care and Development Fund (CCDF) Voucher Program**  
**NOTICE OF ADVERSE ACTION**

Date of Notice:

**Effective Date:** *(insert date 10 days from date of notice)*

Applicant Name

Applicant Address

Applicant City, State and Zip

A review of your case has resulted in termination. Your child care services will terminate on *(insert above date)*. This action was taken due to the following reason(s):

- ☐ Failure to electronically document your child \_\_\_\_\_ attendance for 60 or more days.
- ☐ Copayment exceeds your provider' charges.
- ☐ No longer a resident of Indiana.
- ☐ No longer have a valid CCDF service need.
- ☐ \_\_\_\_\_ is no longer eligible for child care due to their age.
- ☐ Failure to become current with your debt owed to the Office of Early Childhood and Out of School Learning
- ☐ Providing false or misleading information
- ☐ Other: *(insert detailed description of documentation needed.)*

If you have any questions regarding this matter, please contact *(insert contact information)*. Your child care provider has been notified of your termination.

*This letter is to be used to notify CCDF Provider's that a parent/applicant is at risk of losing their CCDF eligibility (v10-14)*

**NOTE: Prepare on agency letterhead**

*Date*

*Provider Name*

*Street Address*

*City, State and Zip*

Dear Provider:

RE: *(Insert parent/applicant name)*

*(insert child's name(s))*

This letter is to provide notification the parent/applicant listed above is at risk of losing their CCDF eligibility for failure to comply with program guidelines. Please be advised the parent/applicant's childcare benefits will end ten (10) days from the date of this letter if the parent/applicant fails to document compliance. If the parent documents compliance, the child(ren)'s voucher(s) will be reinstated.

If you have questions regarding the parent's responsibilities to document compliance, they must be addressed with the parent/applicant. If you have questions about the status of the child(ren)'s vouchers, you may view the vouchers at [www.hoosierchildcare.com](http://www.hoosierchildcare.com) or contact our office at *(insert agency phone number)*.

Sincerely,

*(Insert Contact Information)*

Cc: Parent/Applicant file

*This form letter is to be used to notify CCDF Applicant their child care provider has been issued a Notice of Order.*

## **Child Care and Development Fund (CCDF) Voucher Program**

Date of Notice:

Applicant Name

Applicant Address

Applicant City, State and Zip

RE: Provider's Name

Provider's Address

You are hereby notified the Office of Early Childhood and Out of School Learning has denied or decertified your provider's participation in the Child Care and Development Fund Voucher (CCDF) Program due to failure to meet one or more of the required standards for CCDF providers. Your provider will not be eligible for reimbursement for child care services after (*insert effective date of the order*), unless your provider corrects their insufficiencies.

To remain an active participant in the CCDF Program, you must have an eligible provider. If you need assistance locating alternate child care, please contact your Child Care Resource and Referral at (800) 299-1627. If your provider does not correct their insufficiencies by (*insert effective date of the order*):

- You will be notified to select a new provider to remain an active participant in the CCDF program; and
- Your provider, listed above, will not be eligible for reimbursement. If you choose to continue to receive care from an ineligible provider you will be responsible for any charges incurred.

If you have any questions regarding this matter, please contact (*insert agency contact information*).

Sincerely,

*Insert Intake Contact Information*

*This form letter is to be used to notify CCDF Applicant their child care provider is no longer eligible.*

**Child Care and Development Fund (CCDF) Voucher Program  
Notice of Action Needed**

Date of Notice:

**Due Date:** *(insert date 10 days from date of notice)*

Applicant Name

Applicant Address

Applicant City, State and Zip

RE:     Provider's Name  
          Provider's Address

You are hereby notified your provider is no longer eligible for reimbursement for child care services through the Child Care and Development Fund (CCDF) Program.

To remain an active participant in the CCDF Program, you must have an eligible provider. Your child care voucher will be terminated if a provider change is not completed by close of business on the date listed above. For assistance locating alternate child care, please contact your Child Care Resource and Referral at (800) 299-1627. If you are having difficulty locating an eligible provider, contact your Intake Agent for further information.

Sincerely,

*Insert Intake Contact Information*

***This form letter is to be used to notify CCDF parent's their LICENSED child care provider has been issued a Notice of Order due to a negative action.***

## **Child Care Development Fund (CCDF) Voucher Program**

Date of Notice:

Applicant Name  
Applicant Address  
Applicant City, State and Zip

RE: Provider's Name  
Provider's Address

You are hereby notified that the Division of Family Resources has taken action to deny or revoke your child care provider's license for failure to meet the required standards for licensure. Under Indiana law, a child care provider whose license has been denied or revoked is not eligible to receive Child Care and Development Fund (CCDF) payments. Your child care provider will not be eligible to participate in the CCDF program effective (insert effective date of the order).

Your child care provider may choose to appeal the licensing action. If your provider chooses to appeal they may remain open throughout the appeal process; however, they are NOT eligible for CCDF payments during this time. The appeal process may take ~~up to~~ nine months or longer.

You may choose to continue to take your children to this provider; however, your child care voucher will be terminated and you will be responsible for any charges incurred.

If you wish to continue to receive CCDF benefits, you must select an eligible provider by the date listed above. If you need assistance locating alternate child care, please contact your Child Care Resource and Referral at (800) 299-1627.

If you have any questions regarding this matter, please contact *(insert agency contact information)*.

Sincerely,

*Insert Intake Contact Information*

**SAMPLE PROVIDER  
NOTICE OF ORDER  
LETTERS**

***This letter is a sample of the notification letter provided when the Division of Family Resources has issued a Notice of Order indicating the provider is no longer compliant with CCDF Provider Eligibility Standards. IMMEDIATE ACTION is required.***

Date

Name  
Address  
City  
State

RE: Notice of Order  
(County Name)

Dear Provider Name:

You are hereby notified that the Division of Family Resources has revoked your ability to participate as a child care provider in the Child Care Development Fund ("CCDF") Program. This order shall become effective \_\_ (18 days) \_\_\_\_.

**The denial is based on your lack of compliance with the CCDF provider eligibility standards found in Indiana Code 12-17.2-3.5 et seq. You failed to maintain compliance with the following standard(s):**

**Indiana Code (IC) XXXXX**  
State code

State finding

If you object to the order you are entitled to file a **written** request with the Division of Family Resources prior to the effective date of this order. The written request must state that you are the person to whom this order is directed; that you are negatively affected by the order, and that you are entitled to review of the order. Your request should be directed to the address below.

MS02 Supervisor's Name  
Family and Social Services Administration  
Division of Family Resources  
402 W. Washington Street, Room W-386  
Indianapolis, Indiana 46204-2739

If parent or guardians of children in your care need assistance locating alternate childcare, please contact the Indiana Association of Child Care Resource and Referral at 800-299-1627.

**PLEASE NOTE:** This action only effects your ability to receive CCDF voucher payment and does not impact your ability to legally provide childcare. If you have questions regarding why this action has been taken please contact your local Child Care Resource and Referral.

Sincerely,

Child Care Administrator  
Division of Family Resources

*This letter is a sample of the notification letter provided when the Division of Family Resources has issued an order to rescind a prior order when a gap in eligibility exists.*

*Date*

*Name*

*Address*

*City, State*

RE: Notice of Order  
(County Name)

Dear Provider Name:

You are hereby notified that the Division of Family Resources is rescinding the Notice of Order issued on \_\_\_(date of original letter)\_\_. You will be able to resume participation as a child care provider in the Child Care Development Fund ("CCDF") Program on \_\_\_(enter date of this letter)\_\_.

This decision is based on information provided demonstrating that you are now in compliance with the CCDF provider eligibility standards found in Indiana Code 12-17.2-3.5 et seq. To remain an eligible provider, you must maintain compliance with the CCDF provider eligibility standards. Failure to maintain compliance shall result in your inability to participate as a CCDF provider.

PLEASE NOTE: This action only affects your ability to receive CCDF voucher payment and does not impact your ability to legally provide childcare.

Sincerely,

Child Care Administrator  
Bureau of Child Care

Cc Appropriate Supervisor  
CCDF Intake/Voucher Agent  
PES Verifying Agency  
CCDF Program Consultant  
BCC Technical Support  
File



*This letter is a sample of the notification letter provided when the Division of Family Resources has issued an order to rescind a prior order.*

*Date*

*Name*

*Address*

*City, State*

RE: Notice of Order  
(County Name)

Dear Provider Name:

You are hereby notified that the Division of Family Resources is rescinding the Notice of Order issued on \_\_\_(date of original letter)\_\_\_\_. You will be able to continue to participate as a child care provider in the Child Care Development Fund ("CCDF") Program

This decision is based on information provided demonstrating that you are now in compliance with the CCDF provider eligibility standards found in Indiana Code 12-17.2-3.5 et seq. To remain an eligible provider, you must maintain compliance with the CCDF provider eligibility standards. Failure to maintain compliance shall result in your inability to participate as a CCDF provider.

PLEASE NOTE: This action only effects your ability to receive CCDF voucher payment and does not impact your ability to legally provide childcare.

Sincerely,

Child Care Administrator  
Bureau of Child Care

Cc Appropriate Supervisor  
CCDF Intake/Voucher Agent  
PES Verifying Agency  
CCDF Program Consultant  
BCC Technical Support  
File

*This letter is sample of the notification letter provided when the Office has revoked a licensed provider's license which has affected their ability to participate in the CCDF Voucher Program.*

June 30, 2014

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**91-7190-0005-2670-0004-1824**

Ms.  
Merrillville, IN 46410

**RE: Revocation of Child Care Home License**

Dear Ms.:

Please be advised that this is official notification that the Division of Family Resources is taking action to **revoke** your license.

This revocation is based on non-compliance with the following Indiana and Administrative Code:

**IC 12-17.2-5-33(a) & (b)(1)(B) Disciplinary sanctions**

“(a) A licensee shall operate a child care home in compliance with the rules established under this article and is subject to the disciplinary sanctions under sections under subsection (b) if the division find that the licensee has violated this article.

(b) The division may impose any of the following sanctions when the division finds that a licensee has committed a violation under subsection (a):

- (1) After complying with the procedural provisions in sections 19 through 22 of this chapter:
- (B) revoke the license.”

**IC 12-17.2-5-3(f) Applying for licenses; national criminal history background check**

“(f) In addition to the requirements under subsections (d) and (e), an applicant must report to the division any:

- (A) police investigations;
- (B) arrests; and
- (C) criminal convictions; of which the applicant is aware regarding the applicant, the applicant's spouse, or a person described in subsection (e).”

You were ...

If you object to this action of revoking your license to operate a child care home, you are entitled to file a written request for an administrative appeal to the following address within thirty (30) days after receipt of this letter, pursuant to the Administrative Adjudication procedures established under 470 IAC 1-4:

Family and Social Services Administration  
Division of Family Resources, Bureau of Child Care  
402 West Washington Street, Room W-361, MS 02  
Indianapolis, IN 46204-2739

If you do not appeal this action within thirty (30) days you must cease operation of your child care home and return your license to the Division. If you fail to do so, civil and criminal proceedings will be

recommended by this Division to the Attorney General of the State of Indiana as well as to your local County Prosecutor.

In accordance with Indiana Code 12-17.2-4-19; the licensee shall also be provided with the opportunity for an informal meeting with the Division. The licensee must request the meeting within ten (10) working days after the receipt of the certified notice. If you would like to schedule an informal meeting, please contact your licensing consultant, Ms. Marleta Misch.

Pursuant to Indiana Code 12-17.2-5-1, a person may not operate a child care home without a license issued under this article. According to IC 12-17.2-2-8 Sec. 8, the division shall exempt from licensure the following programs: A child care home if the provider; (A) does not receive regular compensation; (B) cares only for children who are related to the provider; (C) cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative.

Indiana Code 12-17.2-5-29 provides that the Division shall investigate a report of an unlicensed child care home and report the findings to the Attorney General, and to the county department of public welfare attorney, and the Prosecuting Attorney in the county where the child care home is located.

The Attorney General or the County Attorney may seek the issuance of a search warrant to assist in the investigation, file an action for injunctive relief to stop the operation of a child care home if there is reasonable cause to believe that the child care home is operating without a license required under this article, or a licensee's non-compliance with this article and the rules adopted under this article creates an imminent danger of serious bodily injury to a child or an imminent danger to the health of a child.

The Attorney General and/or the County Attorney may seek in civil action a civil penalty not to exceed one hundred dollars (\$100) a day for each day a child care home is operating without a license required under this article.

The Division may provide for the removal of children from child care homes, and may provide an opportunity for an informal meeting with your local Office of Family Resources and Department of Child Services after the injunctive relief is ordered.

Parents or guardians of the children in care should be referred to their local Child Care Resource and Referral Agency for assistance in locating child care. For additional information concerning child care in your area, please call 1-800-299-1627.

**Your ability to accept payment from federal subsidized parent/customers will be jeopardized due to the revocation.**

This enforcement action against your child care home license makes you ineligible to receive a voucher payment through the Child Care Development Fund ("CCDF") program until any further proceeding regarding your child care home license reflects a **final** determination that your child care home license is in good standing. (See selected portions of the Indiana Code (IC) below):

**IC 12-17.2-3.5-4**

**Ineligible providers; enforcement action; decertification**

Sec. 4

(b) A provider whose:

(1) license under . . . IC 12-17.2-5;

is subject to an enforcement action is ineligible to receive a voucher payment, regardless of whether the provider meets the requirements of this chapter, until the outcome of any proceeding under IC 4-21.5 reflects a final determination that the provider's license . . . is in good standing.

**IC 12-7-2-77.2**

**"Enforcement action"**

Sec. 77.2. "Enforcement action" for purposes of IC 12-17.2, refers to the following:

(2) Denial, suspension, or revocation of a license under . . . IC 12-17.2-5.

**Effective July 21, 2014 you will not be eligible to receive CCDF payments.**

Parents or guardians of the children receiving CCDF in care should be **immediately** referred to their local Child Care Resource and Referral Agency for assistance in locating child care. For additional information concerning child care in your area, please call 1-800-299-1627.

If you have any questions regarding this matter, please feel free to contact Ms. Debbie Sampson, Manager, Child Care Homes at (317) xxx-xxxx.

*This letter is a sample of the notification letter sent to parents/applicants when their CCDF repayments have lapsed.*

date

Name  
address

Dear \_\_\_\_\_:

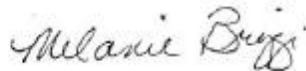
According to our records, you are currently receiving child care benefits from Child Care and Development Fund (CCDF) vouchers. Our records also show that you have an outstanding Repayment Agreement.

Program guidelines require that any CCDF recipient with a Repayment Agreement must keep current with their repayments to remain eligible to receive child care voucher benefits. You are currently at least 120 days overdue for a payment. Payment must be made according to the terms of your Repayment Agreement by last day of the month or your vouchers may be terminated.

Please send payment to:  
FSSA Claim Repayment  
P.O. Box 1007  
Indianapolis, IN 46262

If you have questions please contact Gail Canter at [Gail.Canter@fssa.in.gov](mailto:Gail.Canter@fssa.in.gov) or 317-232-1204 or Jim Haskett at [James.Haskett@fssa.in.gov](mailto:James.Haskett@fssa.in.gov) or 317-234-4450.

Sincerely,



Melanie Brizzi  
Child Care Administrator  
Division of Family Resources

CC: Gail Canter  
Jim Haskett  
CCDF Policy Consultant  
Applicant's CCDF Child Care Provider(s)  
Applicant's CCDF Intake Agent

**HOOSIER WORKS FOR  
CHILD CARE  
INVENTORY FORMS**

**BULK HOOSIER WORKS OTC CARD INVENTORY FORM**  
(Dedicate a fresh sheet per order)

OFFICE NAME AND ADDRESS: \_\_\_\_\_

DATE ORDERED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ REQUESTED QUANTITY: \_\_\_\_\_

**SECTION 1:**

Starting Card Number (16 digits)	Ending Card Number (16 digits)	Original card order quantity	Number of damaged/missing cards in order (if any)	Balance	Initials

**SECTION 2:**

	Beginning Balance (enter balance from Section 1)	Quantity of bulk cards removed	Date Removed	Removed By: (Full Name)	New Balance (carry to next entry)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## HOOSIER WORKS CHILD CARE DAILY LOG FOR CARD ISSUANCE

CARD ISSUER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

	Date	Cardholder Name (Please print)	Signature, if available	Reason * (1, 2 or 3)	Card number (16-digit)	Issued by (Initials)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Card Issuer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Inventory Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Page \_\_\_\_\_ Reconciled \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Cards not accounted for \_\_\_\_\_

\*Reason of over the counter (OTC)

1. New Card
2. Replacement
3. Authorized User

### DAILY HOOSIER WORKS CARD INVENTORY RECONCILIATION FORM

		First Card Number	Last Card Number	Number of Hoosier Works cards**
1	Beginning			
2	Added from Bulk			
3	Available for Distribution			
4	Distributed			
5	Ending (Actual Count**) (Return cards to bulk/daily)			

Line 1 - Should be your beginning working balance of cards for the day. *(Cards stored in safe separate from bulk)*

Line 2 - Should be any cards that you received from the bulk inventory.

Line 3 - Is the total of lines 1 and 2.

Line 4 - Is what you issued.

Line 5 - \*\*Would be your ending balance. Use card listing to determine actual number of cards included. (Cards are returned to the bulk inventory safe, but stored separately.)

Card Issuer signature

Inventory Supervisor signature

Date and Office location

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### RETURNED HOOSIER WORKS FOR CHILD CARE CARD LOG

	Date card returned	Card number	Date client contact made	Date card picked up by client (if applicable)	Card issuer initials	Date card deactivated and destroyed	Card issuer initials	Client signature (if successful contact made and client picks up card)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Complete an inquiry to determine client's name and check history to see if card has already been deactivated.  
 Notify appropriate intake if the client's case is not your county.

**VAULT CARD REPLENISHMENT ORDER FORM**  
**CRO PROJECT OFFICE**  
Fax: 317-234-1399

Section 1: To be completed by the requesting office and faxed to the CRO Project Office.

\_\_\_\_\_ Quarterly Replenishment Order \_\_\_\_\_ Emergency Order\*\*

Number of cards remaining in current regional inventory: \_\_\_\_\_

Region Number and Name: \_\_\_\_\_

Main Office Street Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone/Fax Numbers: \_\_\_\_\_

Originated By: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Consultant\*\* \_\_\_\_\_ Date: \_\_\_\_\_ *(Required for Emergency Orders)*

County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____
County Name: _____	Cards: _____	Tip Cards: _____

\*\*Attach additional sheets if necessary

Section 2: To be completed by the requesting office upon receipt of cards and faxed to the CRO Project Office. (Please Print)

Card Order Received On: \_\_\_\_\_

Received By: \_\_\_\_\_

Beginning Card Number from Replenishment Order: \_\_\_\_\_

Ending Card Number from Replenishment Order: \_\_\_\_\_

Problems associated with shipment? Explain: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **MONITORING FORMS & LETTERS**

## Appeal of Monitoring Error

Agency Name:

County:

Case Name:

Case Number :

Monitoring Error (**list only one error per page**):

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Reason for Dispute of Error:

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Section of the CCDF Policy and Procedure Manual that supports the appeal: (**include language and page(s) number**):

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Supporting document(s) from original scanned documents to dispute error (must be attached):

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(This letter will be sent by the Office to Intake for Monitoring errors on application signed after 2/27/2110)

Date  
Intake Agent  
100 Some Where Street  
City, State, Zip

RE: Active Case File Errors

Attached is the monitoring summary report on active case files with errors for the week of 00/00/0000. The summary report is separated into the following categories:

1. Critical Case File Errors (\$20 reduction required)
2. Administrative Errors

Your agency will have **45 calendar days** to correct each error or terminate the case if the case is determined to be ineligible.

Cases that are found to be ineligible must be terminated. All monthly \$20 active case file payments for terminated cases will be required to be paid back.

Your agency has the right to **appeal** each \$20 case file reduction. The appeal timelines is as follows:

1. An appeal must be received, via an email to Scanning Help, by the Friday following the date of notice, not later than 12:00 p.m. EST;
2. Appeals must include all necessary documentation, the policy manual reference and any other relevant justification;
3. The office will approve or deny the appeal and notify the agency within 14 working days;
4. If an appeal is approved the \$20 reduction will not be required but the file may still need to be corrected within 45 days from the original date of notice;
5. If an appeal is denied, \$20 will be withheld and the file must be corrected or terminated if necessary.

If you have any questions in regards to any errors or the appeal process, please email Scanning Help. Thank you for your immediate attention to these important errors.

Sincerely,

Melanie Brizzi

CC:  
Linda Kolbus, Policy Manager  
Randy Wagner, Operations Manager  
Policy Consultant